

# Board of Directors Meeting

## AGENDA

Thursday, June 9, 2016

8:00 a.m. – 9:45 a.m.

Call-In Information: 916-233-1968

Conference Code: 3043

(Listen in only)



### Meeting Location:

#### **Kings County**

460 Kings County Drive, Suite 101  
Hanford, CA 93230

#### **Doubletree Hotel Sacramento**

2001 Point West Way  
Sacramento, CA 95815

#### **San Luis Obispo County**

2180 Johnson Ave  
San Luis Obispo, CA 93401

California Mental Health Service Authority  
(CalMHSA)  
Board of Directors Meeting  
Agenda

Thursday, June 9, 2016

8:00 a.m. – 9:45 a.m.

**Doubletree Hotel**  
**Sacramento**  
2001 Point West Way  
Sacramento, CA 95815

*In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 859-4818 (telephone) or (916) 859-4805 (facsimile). Requests must be made as early as possible, and at least one full business day before the start of the meeting.*

*Materials relating to an item on this agenda submitted to this Board after distribution of the agenda packet are available for public inspection at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA, 95670, during normal business hours.*

**A. BOARD OF DIRECTORS REGULAR MEETING**

**1. CALL TO ORDER**

**2. ROLL CALL AND INTRODUCTIONS**

**3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT**

The Board welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including stakeholders) to address the Board concerning matters on the agenda. Items not on the agenda are reserved for the end of the meeting. Comments will be limited to three minutes per person and 20 minutes total.

For agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and provide it to CalMHSA staff prior to start of item. When it appears there are several members of the public wishing to address the Board on a specific item, at the outset of the item, the Board President may announce the

maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards will be retained as a matter of public record.

<b>4. CONSENT CALENDAR</b>	5
A. Routine Matters	
1. Minutes from the October 15, 2015 Board of Directors Meeting	7
2. Minutes from the December 10, 2015 Board of Directors Meeting	12
3. Minutes from the April 15, 2016 Board of Directors Meeting	17
B. Reports / Correspondence	
1. Letters of Acknowledgment Matrix	21
2. Cash Balance as of May 31, 2016	22
3. Treasurers Report as of March 31, 2016	24
4. CalMHSA Revenue and Expenditure Report for Fiscal Year Ended June 30, 2015 – Report to California Department of Health Care Services (CDHCS)	28
5. CalMHSA New Membership Application – Alpine County and Merced County	30
6. CalMHSA Financial Audit Engagement	39
7. CalMHSA Financial Statement for Quarter ending March 31, 2016	47
	<b><i>Recommendation: Approval of the Consent Calendar.</i></b>
<b>5. ADMINISTRATIVE MATTERS</b>	
A. Officers / Executive Committee / Finance Committee Election	52
	<b><i>Recommendation: Approve recommended slate of officers, Executive Committee members representing the five CMHDA regions, and Finance Committee Members.</i></b>
B. Annual Strategic Planning Session Report Out	54
• Draft Strategic Plan	55
• Notes from Strategic Planning Session	64
	<b><i>Recommendation: Approve the Proposed Draft Strategic Plan.</i></b>
<b>6. FINANCIAL MATTERS</b>	
A. CalMHSA Annual Revenue and Expenditure Report – Proposed Budget June 30, 2017	74
	<b><i>Recommendation: At the May Finance Committee Meeting they recommended approval of the CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2017</i></b>
B. Application for a Business Line of Credit for CalMHSA with California Bank and Trust	82
	<b><i>Recommendation: Direct Staff and Board President to submit application for Business Line of Credit to California Bank and Trust as an exploratory option.</i></b>
<b>7. PROGRAM MATTERS</b>	
A. State Hospital Beds Update	83
• State Hospital Update	85
B. Update on Phase II Statewide PEI Programs	87
	<b><i>Discussion.</i></b>

**8. GENERAL DISCUSSION**

- A. Report from CalMHSA Executive Director – Wayne Clark.....96

*Discussion.*

**9. PUBLIC COMMENTS**

- A. Public Comments Non-Agenda Items

This time is reserved for members of the public to address the Board relative to matters of CalMHSA not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to three minutes per person and 20 minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, in the case of a lengthy agenda.

**10. NEW BUSINESS**

General discussion regarding any new business topics for future meetings.

**11. CLOSING COMMENTS**

This time is reserved for comments by Board members and staff to identify matters for future Board business.

**12. ADJOURNMENT**

**CONSENT CALENDAR**  
**Agenda Item 4**

**SUBJECT: CONSENT CALENDAR**

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**ACTION FOR CONSIDERATION:**

Approval of the Consent Calendar.

**BACKGROUND AND STATUS:**

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.

A. Routine Matters:

1. Minutes from the October 15, 2015 Board of Directors Meeting
2. Minutes from the December 10, 2015 Board of Directors Meeting
3. Minutes from the April 15, 2016 Board of Directors Meeting

B. Reports / Correspondence

1. Letters of Acknowledgment Matrix
2. Cash Balance as of May 31, 2016
3. Treasurers Report as of March 31, 2016
4. CalMHSA Revenue and Expenditure Report for Fiscal Year Ended June 30, 2015 – Report to California Department of Health Care Services (CDHCS)
5. CalMHSA New Membership Application – Alpine County and Merced County
6. CalMHSA Financial Audit Engagement
7. CalMHSA Financial Statement for Quarter ending March 31, 2016

**FISCAL IMPACT:**

See staff reports for fiscal impact.

**RECOMMENDATION:**

Approval of the Consent Calendar.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- October 15, 2015 Board of Directors Meeting Minutes
- December 10, 2016 Board of Directors Meeting Minutes
- April 15, 2016 Board of Directors Meeting Minutes
- Cash Balance as of April 30, 2016
- Letters of Acknowledgment Matrix
- Treasurer's Report as of March 31, 2016
- CalMHSA revenue and Expenditure Report for Fiscal Year Ended June 30, 2015 – Report to California Department of Health Care Services (CDHCS)
- Alpine County Resolution
- CalMHSA Financial Audit Engagement
- CalMHSA Financial Statement for Quarter ending March 31, 2016



"A George Hills Company Administered JPA"

**CalMHSAs Board of Directors  
Meeting Minutes from October 15, 2015**

***BOARD MEMBERS PRESENT***

Alameda County – **Karyn Tribble** (*Alternate*)  
Butte County – **Dorian Kittrell**  
Colusa County – **Terence M. Rooney**  
Contra Costa – **Warren Hayes** (*Alternate*)  
Fresno County – **Dawan Utecht**  
Humboldt County – **Barbara LaHaie**  
Inyo County – **Gail Zwier**  
Lake County – **Linda Lovejoy**  
Mendocino County – **Tom Pinizzotto** (*Alternate*)  
Modoc County – **Tara Shepherd** (*Alternate*)  
Napa County – **Bill Carter**  
Orange County – **Mary Hale**  
Placer County – **Maureen Bauman** (**President**)  
Riverside County – **Jerry Wengerd**  
Sacramento County – **Jane Ann LeBlanc**  
San Bernardino County – **Veronica Kelley**  
San Diego County – **Holly Salazar** (*Alternate*)  
San Joaquin County – **Vic Singh**  
San Luis Obispo County – **Anne Robin**  
Santa Clara County – **Toni Tullys**  
Sonoma County – **Michael Kennedy**  
Stanislaus County – **Cherie Dockery** (*Alternate*)  
Tri-City Mental Health Center – **Antonette Navarro**  
Trinity County – **Anne Lagorio** (*Alternate*)  
Tuolumne County – **Rita Austin**

***BOARD MEMBERS ABSENT***

Berkeley, City of  
Del Norte County  
El Dorado  
Glenn County  
Imperial County  
Kern County  
Kings County  
Lassen County  
Los Angeles County  
Madera County  
Marin County  
Mariposa County  
Mono County

Monterey County  
Nevada County  
Plumas County  
Riverside County  
San Benito County  
San Francisco City/County  
San Mateo  
Santa Barbara County  
Santa Cruz County  
Shasta County  
Siskiyou County  
Solano County  
Sutter/Yuba Counties  
Tulare County  
Ventura County  
Yolo County

***MEMBERS OF THE PUBLIC***

*None*

***STAFF PRESENT***

Wayne Clark, CalMHSA Executive Director  
John Chaquica, CalMHSA Chief Operations Officer  
Ann Collentine, CalMHSA Program Director  
Stephanie Welch, CalMHSA Sr. Program Manager  
Kim Santin, CalMHSA Finance Director  
Laura Li, CalMHSA JPA Administrative Manager  
Alex Wilson, CalMHSA Administrative Assistant  
Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn

**1. CALL TO ORDER**

CalMHSA President Maureen F. Bauman, Placer County, called the Board of Directors of the California Mental Health Services Authority (CalMHSA) to order at 2:20 P.M. on October 15, 2015, at the Four Points by Sheraton in Sacramento, California. President Bauman welcomed those in attendance as well as those listening in on the phone.

President Bauman asked CalMHSA JPA Administrative Manager Laura Li to call roll, in order to confirm a quorum of the Board.

**2. ROLL CALL AND INTRODUCTIONS**

Ms. Li called roll and informed President Bauman a quorum had not been reached, and proceeded to do a roll call for the Executive Committee. Ms. Li confirmed that a quorum was established for the Executive Committee.



### 3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

CalMHSA Legal Counsel Doug Alliston, Murphy, reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda.

### 4. CONSENT CALENDAR

President Bauman acknowledged the consent calendar and asked for comment from Board members. Hearing a request from CalMHSA Treasurer Dawan Utecht, Fresno County, to pull board item 4.B.2 "Adoption of Sustainability Taskforce Recommendations" from the consent calendar, President Bauman entertained a motion for approval of the remaining items.

**Action:** *Approval of the consent calendar with the exception of item 4.B.2.*

**Motion:** *Mendocino County – Tom Pinizzotto*

**Second:** *Fresno County – Dawan Utecht*

**Motion passed unanimously.**

Public comment was heard from the following individual(s):

*None*

B. CalMHSA Program Director Ann Collentine provided an overview of the project funding amendments for Phase II Sustainability agreements. A recommendation to approve the funding amendments was motioned.

**Action:** *Approval of funding amendments.*

**Motion:** *Colusa County – Terence Rooney*

**Second:** *Fresno County – Dawan Utecht*

**Motion passed unanimously.**

Public comment was heard from the following individual(s):

*None*

### 5. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Dawan Utecht

CalMHSA Treasurer Dawan Utecht, Fresno County, reported out from the Finance Committee Teleconference of September 14, 2015. Cash Management was discussed; the Finance Committee reiterated to Board Members the importance of timeliness for cash collections for Phase II, due to cash flow concerns. Treasurer Utecht reminded the Counties to contact CalMHSA staff and/or Laura Li, to assist them with this process if necessary.

## 6. PROGRAM MATTERS

### A. State Hospital Bed Program – Correct Care Solutions (CCS) Presentation

CalMHSA Chief Operations Officer John Chaquica gave an overview of the recent meeting with representatives from Los Angeles County and **CCS**. Mr. Chaquica informed the Board of the meeting's success, as Los Angeles County fully supports CalMHSA and **CCS** in laying the groundwork for the hospital project; he also reported that **CCS** has brought in a firm called CoreCivic to assist in the financing and construction. In addition, Mr. Chaquica stated the current MOU would be finalized and distributed to all counties for approval and execution, by the end of the month. He added the Department of State Hospital (DSH) had indicated their preference to use one contractual mechanism for the procurement of State Hospital beds, which is the MOU being distributed by CalMHSA.

Mr. Chaquica fielded questions from the board regarding the next steps as discussed in the meeting; in particular, many board members expressed concern regarding the function of the MOU and resulting invoices, with several county representatives inquiring as to whether it applied to non-participant or newly participating counties. Mr. Chaquica reaffirmed that the MOU was universally applicable, with no financial obligation until such time a bed is actually used.

#### ***Recommendation: Discussion.***

Public comment was heard from the following individual(s):

*None*

## 7. GENERAL DISCUSSION

### A. Report from CalMHSA President

No discussion.

### B. Report from CalMHSA Executive Director

CalMHSA Executive Director Wayne Clark gave a 'state of the state' overview, outlining key developments such as the CalMHSA grant to SAMHSA was not selected for funding, the ongoing effort to secure private sector funding, and the possibility of the Each Mind Matters project becoming its own distinct initiative. Director Clark went into further detail regarding the expansion of Drug Medi-Cal coverage for substance abusers, and its effect on small counties, and opened the question of how CalMHSA can assist in the implementation of a program. Also discussed were the comparative statistics of care collected from Napa State Hospital versus the **CCS** facilities toured by CalMHSA this year; the general consensus of the Board fell strongly in favor of **CCS** as an alternative provider for the state of California.

## 8. PUBLIC COMMENTS

President Bauman invited members of the public to make comments on non-agenda items.

Public comment was heard from the following individual(s):

*None*

## **9. NEW BUSINESS**

General discussion regarding any new business topics for future meetings.

## **10. CLOSING COMMENTS**

Mary Hale, Orange County, spoke favorably of the increased efficiency of CalMHSA's Board meetings.

## **11. ADJOURNMENT**

Hearing no further comments, the meeting was adjourned at 3:04 p.m.

Respectfully submitted,

\_\_\_\_\_  
Michael Kennedy, MFT  
Secretary, CalMHSA

\_\_\_\_\_  
Date



"A George Hills Company Administered JPA"

**CalMHSA Board of Directors  
Meeting Minutes from December 10, 2015**

***BOARD MEMBERS PRESENT***

Colusa County – **Terence M. Rooney**  
Contra Costa – **Warren Hayes** (*Alternate*)  
El Dorado County – **Patricia Charles-Heathers** (*Alternate*)  
Fresno County – **Dawan Utecht**  
Glenn County – **Amy Lindsey**  
Los Angeles County – **William Arroyo** (*Alternate*)  
Madera County – **Dennis P. Koch**  
Mendocino County – **Tom Pinizzotto** (*Alternate*)  
Napa County – **Bill Carter**  
Sacramento County – **Jane Ann LeBlanc** (*Alternate*)  
San Diego County – **Alfredo Aguirre**  
San Joaquin County – **Vic Singh**  
San Mateo County – **Stephen Kaplan**  
Shasta County – **Donnell Ewert**  
Trinity County – **Noel O’Neill**  
Tuolumne County – **Rita Austin**  
Yolo County – **Karen Larsen**

***BOARD MEMBERS ABSENT***

Alameda County  
Berkeley, City of  
Butte County  
Del Norte County  
Humboldt County  
Imperial County  
Inyo County  
Kern County  
Kings County  
Lake County  
Lassen County  
Marin County  
Mariposa County  
Modoc County  
Mono County  
Monterey County  
Nevada County  
Orange County  
Placer County  
Plumas County  
Riverside County

San Benito County  
San Bernardino County  
San Francisco City/County  
San Luis Obispo  
Santa Barbara County  
Santa Clara County  
Santa Cruz County  
Siskiyou County  
Solano County  
Sonoma County  
Stanislaus County  
Sutter/Yuba Counties  
Tri-City Mental Health Center  
Tulare County  
Ventura County  
Yolo County

***MEMBERS OF THE PUBLIC***

*None*

***STAFF PRESENT***

Wayne Clark, CalMHSA Executive Director  
John Chaquica, CalMHSA Chief Operations Officer  
Ann Collentine, CalMHSA Program Director  
Kim Santin, CalMHSA Finance Director  
Laura Li, CalMHSA JPA Administrative Manager  
Armando Bastida, CalMHSA Executive Assistant  
Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn

**1. CALL TO ORDER**

CalMHSA Vice President Terence Rooney, Colusa County, called the Board of Directors of the California Mental Health Services Authority (CalMHSA) to order at 2:15 P.M. on December 10, 2015, at the Doubletree by Hilton in Sacramento, California. Vice President Rooney welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

Vice President Rooney asked CalMHSA JPA Administrative Manager Laura Li to call roll, in order to confirm a quorum of the Board.

**2. ROLL CALL AND INTRODUCTIONS**

Ms. Li called roll and informed Vice President Rooney a quorum had not been reached, and proceeded to do a roll call for the Executive Committee. Ms. Li confirmed that a quorum was established for the Executive Committee.

### 3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

CalMHSA Legal Counsel Doug Alliston, Murphy, reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda. Public comment cards to be submitted to Laura Li and individuals on the phone were instructed to email Laura Li with their comments.

### 4. CONSENT CALENDAR

Vice President Rooney acknowledged the consent calendar and asked for comment from Board members. Hearing none, Vice President Rooney entertained a motion for approval of the remaining items.

**Action:** *Approval of the consent calendar.*

**Motion:** *Los Angeles County – William Arroyo*

**Second:** *Mendocino County – Tom Pinizzotto*

**Motion passed unanimously by Executive Committee Members.**

Public comment was heard from the following individual(s):

*None*

### 5. ADMINISTRATIVE MATTERS

#### A. CalMHSA New Membership Application for Alpine County

Vice President Rooney introduced the application of Alpine County, for CalMHSA membership and asked members for approval of the new member. Upon approval Vice President Rooney welcomed its newest member.

**Action:** *Approve CalMHSA Membership for Alpine County.*

**Motion:** *Los Angeles County – William Arroyo*

**Second:** *Mendocino County – Tom Pinizzotto*

**Motion passed unanimously by Executive Committee Members.**

Public comment was heard from the following individual(s):

*None*

### 6. PROGRAM MATTERS

#### A. State Hospital Beds Update

Chief Operating Officer John Chaquica provided the Board members with an update on the following items:

- Memorandum of Understanding
- Los Angeles County Potential Site(s)
- Department of State Hospitals Meeting

#### B. Runyon, Saltzman and Einhorn Contract Amendment

Executive Director Clark reminded board members of their request for a diversification of CalMHSA's funding base for statewide projects, to include private support. As such, staff has reached out to RS&E to strategize. One of the outcomes determined was the need for an independent analysis of the feasibility of CalMHSA seeking private funding. With that, Executive Director Clark introduced Scott Rose of RS&E to present the benefits of such a study along with associated costs.

Scott Rose of RS&E briefly shared the challenges encountered in trying to secure private funding for CalMHSA, and proceeded to introduce Rose Lester of Lester Consulting Group (LCG), a nonprofit consulting firm, with a plan for conducting a statewide study to assess the feasibility of securing \$75 million in five-year pledges solely for the purpose of funding CalMHSA programs.

Dr. Clark indicated the cost for the study itself would be \$75,000.00. RS&E would provide half of the funding from their existing Phase II Agreement, with the other half to be provided by CalMHSA, should the Board approve.

**Action:** *Authorize staff to execute a contract amendment with Runyon, Saltzman and Einhorn, which increases their contract by \$37,500 for the purpose of conducting a feasibility study for ascertaining potential private interest and support of CalMHSA statewide mental health programs.*

**Motion:** *San Diego – Alfredo Aguirre*

**Second:** *Los Angeles County – William Arroyo*

**Motion passed unanimously by Executive Committee Members.**

Public comment was heard from the following individual(s):

*None.*

## 7. GENERAL DISCUSSION

#### A. Report from CalMHSA President

Program Director Ann Collentine introduced the newest edition to the CalMHSA team, Aubrey Lara. She comes to CalMHSA from the SDR Consortium/EMM as an Associate Program Manager.

#### B. Report from CalMHSA Executive Director

Executive Director Wayne Clark gave a brief overview of the following items: Page 15 of 96

- Financial Modernization Project
- Drug Medi-Cal
- CSAC Conference
- RAND Press Release

## 8. PUBLIC COMMENTS

President Bauman invited members of the public to make comments on non-agenda items.

Public comment was heard from the following individual(s):

*None*

## 9. NEW BUSINESS

President Bauman announced that January's CalMHSA Board of Directors meeting has been cancelled.

## 10. CLOSING COMMENTS

## 11. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 2:57 p.m.

Respectfully submitted,

\_\_\_\_\_  
Michael Kennedy, MFT  
Secretary, CalMHSA

\_\_\_\_\_  
Date





"A George Hills Company Administered JPA"

**CalMHSA Board of Directors  
Meeting Minutes from April 15, 2016**

***BOARD MEMBERS PRESENT***

Alameda County – **Karyn L. Tribble** *(Alternate)*  
Butte County – **Jeremy Wilson** *(Alternate)*  
Colusa County – **Terence M. Rooney**  
Glenn County – **Erin Valdez** *(Alternate)*  
Kern County – **Robin Goodell** *(Alternate)*  
Lake County – **Kevin Thompson**  
Los Angeles County – **Dennis Murata** *(Alternate)*  
Madera County – **Dennis P. Koch**  
Napa County – **Bill Carter**  
Orange County – **Mary Hale**  
Placer County – **Maureen Bauman**  
Riverside County – **Steven Steinberg**  
Sacramento County – **Jane Ann LeBlanc** *(Alternate)*  
San Bernardino County – **CaSonya Thomas**  
San Diego County – **Alfredo Aguirre**  
San Joaquin County – **Cindy Morishige** *(Alternate)*  
San Luis Obispo County – **Anne Robin**  
Santa Barbara County – **Pam Fisher** *(Alternate)*  
Shasta County – **Donnell Ewert**  
Sonoma County – **Michael Kennedy**  
Stanislaus County – **Madelyn Schlaepfer**  
Tri-City – **Antonette "Toni" Navarro**  
Trinity County - **Anne Lagorio** *(Alternate)*  
Tuolumne County – **Rita Austin**  
Ventura County – **Kiran Sahota** *(Alternate)*

***BOARD MEMBERS ABSENT***

Alpine County  
Berkeley, City of  
Contra Costa County  
Del Norte County  
El Dorado County  
Fresno County  
Humboldt County  
Imperial County  
Inyo County  
Kings County  
Lassen County  
Marin County  
Mariposa County

Mendocino County  
Modoc County  
Mono County  
Monterey County  
Nevada County  
Plumas County  
San Benito County  
San Francisco City/County  
San Mateo County  
Santa Clara County  
Santa Cruz County  
Siskiyou County  
Solano County  
Sutter/Yuba Counties  
Tulare County  
Yolo County

***MEMBERS OF THE PUBLIC***

*None*

***STAFF PRESENT***

Wayne Clark, CalMHSA Executive Director  
John Chaquica, CalMHSA Chief Operations Officer  
Ann Collentine, CalMHSA Program Director  
Kim Santin, CalMHSA Finance Director  
Laura Li, CalMHSA JPA Administrative Manager

**1. CALL TO ORDER**

CalMHSA President Maureen Bauman, Placer County, called the Board of Directors of the California Mental Health Services Authority (CalMHSA) to order at 8:22 A.M. on April 15, 2016, at the Doubletree by Hilton in Sacramento, California. President Bauman welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

President Bauman asked CalMHSA JPA Administrative Manager Laura Li to call roll, in order to confirm a quorum of the Board.

**2. ROLL CALL AND INTRODUCTIONS**

Ms. Li called roll and informed President Bauman a quorum had not been reached, and proceeded to do a roll call for the Executive Committee. Ms. Li confirmed that a quorum was established for the Executive Committee.

### 3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Ms. Li reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda. Public comment cards to be submitted to Laura Li and individuals on the phone were instructed to email Laura Li with their comments.

### 4. CONSENT CALENDAR

President Bauman acknowledged the consent calendar and asked for comment from Board members. Hearing none, President Bauman entertained a motion for approval of the Consent Calendar.

**Action:**        *Approval of the consent calendar.*

**Motion:**       *Orange County – Mary Hale*

**Second:**      *Colusa County – Terence M. Rooney*

**Motion passed unanimously by Executive Committee Members.**

Public comment was heard from the following individual(s):

*None*

### 5. PROGRAM MATTERS

#### A. State Hospital Beds Update

John Chaquica, Chief Operating Officer provided the Board members with an update on the Department of State Hospitals Meeting which took place on April 8, 2015.

**Action:**        *None, information only.*

Public comment was heard from the following individual(s):

*None.*

### 6. GENERAL DISCUSSION

#### A. Report from CalMHSA President

This item was not discussed.

#### B. Report from CalMHSA Executive Director

This item was not discussed.

**7. PUBLIC COMMENTS**

President Bauman invited members of the public to make comments on non-agenda items.

Public comment was heard from the following individual(s):

*None*

**8. NEW BUSINESS**

General discussion regarding any new business topics for future meetings.

**Strategic Planning Session Outcomes:**

Immediately following the Board meeting all attendees transitioned into the annual strategic planning session. The focus of the strategic planning session was on reaffirming CalMHSA's vision, sustainability plan, set goals/priorities, addressing key problems to achieve the vision and direction to staff.

**9. CLOSING COMMENTS**

**10. ADJOURNMENT**

Hearing no further comments, the meeting was adjourned at 1:46 p.m.

Respectfully submitted,

\_\_\_\_\_  
Michael Kennedy, MFT  
Secretary, CalMHSA

\_\_\_\_\_  
Date

## Letters of Acknowledgement

County	PHASE II FUNDING FY 15-16 LOA Rcvd & Funding Projected		Date Payment Received	PHASE II Funding Received FY 15-16	FY 16-17 LOA Rcvd & Funding Projected (Phase II)		Date Payment Received	PHASE II Funding Received FY 16-17
	\$	%			\$	%		
Alameda County	\$ 342,215.00	3%	8/27/2015	\$ 342,216.00	\$ 290,883.00	3%		
Alpine County								
*Amador County								
Butte County	\$ 25,000.00	6%	7/31/2015	\$ 25,000.00				
*Calaveras County								
City of Berkeley								
Colusa County	\$ 11,414.00		8/17/2015	\$ 11,414.00				
Contra Costa County								
Del Norte County								
El Dorado County	\$ 9,471.00	1%			\$ 9,471.00	1%		
Fresno County	\$ 455,864.00	7%	10/20/2015	\$ 455,864.00				
Glenn County	\$ 12,536.00	3%	5/27/2015	\$ 12,536.00	\$ 18,000.00	3%	5/27/2015 \$ 18,000.00	
Humboldt County	\$ 8,198.31				\$ 8,198.31			
Imperial County	\$ 48,915.00	4%	9/10/2015	\$ 48,915.00	\$ 48,915.00	4%		
Inyo County								
Kern County	\$ 120,019.19	2%	9/25/2015	\$ 120,019.19	\$ 120,019.19	2%	9/25/2015 \$ 120,019.19	
Kings County	\$ 48,373.00	5%	7/21/2015	\$ 48,373.00	\$ 48,373.00	5%	5/12/2016 \$ 48,373.00	
Lake County	\$ 27,028.00	7%						
Lassen County								
Los Angeles County								
Madera County	\$ 15,200.00	2%	7/23/2015	\$ 12,200	\$ 15,000.00	2%		
Marin County	\$ 75,000.00	5%	11/10/2015	\$ 75,000.00	\$ 75,000.00	5%		
Mariposa County								
Mendocino County	\$ 7,180.00	1%	9/10/2015	\$ 7,180.00	\$ 8,625.00	1%		
*Merced County								
Modoc County	\$ 6,522.00	4%	9/28/2015	\$ 6,522.00	\$ 6,522.00	4%		
Mono County								
Monterey County	\$ 252,000.00	7%	8/10/2015	\$ 252,000.00	\$ 252,000.00	7%		
Napa County	\$ 9,391.00	1%	9/14/2015	\$ 9,391.00	\$ 10,471.00	1%		
Nevada County	\$ 5,000.00	1%	10/14/2015	\$ 5,000.00	\$ 5,000.00	1%		
Orange County	\$ 900,000.00	4%	10/27/2015	\$ 900,000.00	\$ 900,000.00	4%		
Placer County	\$ 162,000.00	6%	8/20/2015	\$ 162,000.00	\$ 162,000.00	6%		
Plumas County	\$ 25,000.00	6%	10/5/2015	\$ 25,000.00	\$ 25,000.00	6%	6/3/2016 \$ 25,000.00	
Riverside County	\$ 516,058.00	4%	8/11/2015	\$ 516,058.00	\$ 526,379.00	4%		
Sacramento County	\$ 342,486.00	3%	7/21/2015	\$ 342,486.00				
San Benito County	\$ 25,000.00	5%	11/4/2015	\$ 25,000.00				
San Bernardino County	\$ 561,894.00	4%	9/22/2015	\$ 561,894.00	\$ 561,894.00	4%		
San Diego County	\$ 650,000.00	3%	11/4/2015	\$ 650,000.00	\$ 400,000.00	1%		
San Francisco City And County	\$ 100,000.00	2%	7/15/2015	\$ 100,000.00	\$ 100,000.00	2%		
San Joaquin County	\$ 174,662.54	4%	1/14/2016	\$ 174,662.54	\$ 174,662.54	4%		
San Luis Obispo County	\$ 67,308.00	4%	6/2/2016	\$ 67,308.00	\$ 67,308.00	4%		
San Mateo County	\$ 90,508.00	2%	10/06/2015	\$ 90,508.00	\$ 95,965.00	2%		
Santa Barbara County					\$ 5,000.00	0.10%		
Santa Clara County	\$ 550,000.00	4%						
Santa Cruz County								
Shasta County	\$ 11,485.00	1%	10/12/2015	\$ 11,485.00	\$ 13,000.00	1%		
*Sierra County								
Siskiyou County								
Solano County	\$ 53,930.00	2%	8/11/2015	\$ 53,930.00	\$ 60,611.00	2%		
Sonoma County	\$ 109,000.00	4%	9/1/2015	\$ 109,000.00				
Stanislaus County	\$ 90,000.00	1%	10/27/2015	\$ 90,000.00				
Sutter/Yuba County	\$ 39,185.00	4%	9/28/2015	\$ 39,185.00	\$ 39,185.00	4%	2/9/2016 \$ 39,185.00	
*Tehama County								
Tri-City Mental Health Center	\$ 14,852.00	1%	9/23/2015	\$ 7,426.00	\$ 15,181.00	1%		
Trinity County	\$ 10,000.00	4%	10/2/2015	\$ 10,000.00	\$ 10,000.00	4%		
Tulare County	\$ 31,443.17	1%	4/27/2015	\$ 31,443.17	\$ 31,443.17	1%	4/24/2015 \$ 31,443.17	
Tuolumne County	\$ 16,715.00	5%	5/20/2015	\$ 16,715.00	\$ 16,715.00	5%	5/20/2015 \$ 16,715.00	
Ventura County	\$ 52,500.00	1%	11/9/2015	\$ 52,500.00	\$ 53,500.00	1%		
Yolo County	\$ 35,000.00	2.2%			\$ 35,000.00	2.2%		
<b>TOTAL</b>	<b>\$ 6,108,353.21</b>	<b>3%</b>		<b>\$ 5,468,230.90</b>	<b>\$ 4,209,321.21</b>	<b>3%</b>	<b>\$ 298,735.36</b>	
<b>Balance Due</b>				<b>\$ 640,122.31</b>			<b>\$ 3,910,585.85</b>	

KEYS
BLUE = PHASE I FY 14-15
GREEN = PHASE II FY 15-16
PURPLE = PHASE II FY 16-17
ORANGE = HAS IDENTIFIED FUNDING FOR SPECIFIC PROGRAM
RED = VERBAL COMMITMENT

**CalMHSA**  
**Cash Balance**  
**As of May 31, 2016**

Cash Balance, 6/30/2015	14,215,412.33
Cash Received 07/01/15 to 05/31/2016	8,900,277.24
Cash Payments 07/01/2015 to 05/31/2016	(14,022,097.56)
Cash Balance, 5/31/2016	9,093,592.01

<b>Cash Balance by Institution</b>	
California Bank & Trust	642,373.30
Morgan Stanley Smith Barney	1,470.75
Local Agency Investment Fund	8,449,747.96
<b>Cash Total 04/30/2016</b>	<b>9,093,592.01</b>

**California Mental Health Services Authority**  
**Projected Cash Flow**  
**As of May 31, 2016**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
<b>Beginning Cash Balance</b>	14,945,895	14,233,959	14,762,506	14,884,056	14,189,713	13,164,503	11,294,237	10,231,709	9,133,129	9,093,592	14,945,895
<b>Cash Receipts:</b>											
Phase I - Sustainability	128,218	121,605									249,823
Phase II -1- Sustainability	909,532	1,587,857	802,500		174,663					175,801	3,650,353
Phase II-2 - Sustainability	120,019					39,185		52,880			212,084
Suicide Prevention Hotline 15-16	55,000										55,000
Suicide Prevention Hotline 16-17									483,028		483,028
State Hospital Beds	7,010	104,449	4,206	11,216		5,608	177,353	84,120		173,553	567,515
SD3 - Feasibility Study										4,427	4,427
Application Fees	500			250							750
Other (LAIF Interest, etc.)		11,659	4,678	9,000	13,380	20,100		14,056	12,500		85,372
<b>Total Cash Receipts</b>	<b>1,220,279</b>	<b>1,825,570</b>	<b>811,384</b>	<b>20,466</b>	<b>188,042</b>	<b>64,893</b>	<b>177,353</b>	<b>14,056</b>	<b>632,528</b>	<b>353,781</b>	<b>5,308,351</b>
<b>Cash Expenses:</b>											
<b>PEI/Phase I Obligations 2014/15:</b>											
SP											-
SDR								319,382			319,382
SMH				229,859	649	1,151,223	164,052			257,275	1,803,058
RAND					509,169		206,351	171,403		63,769	950,692
PEI/Phase I Obligations 2014/15	1,488,858	956,445	249,585	229,859	509,819	1,151,223	370,403	490,785	-	321,044	5,768,020
<b>Phase II Board Approved Funding 2015/16</b>											
Program 1	84,214	16,327	74,034	211,287	344,428	486,659	505,097	118,701	389,178	1,011,253	3,241,177
Program 2	9,255	5,965	9,354	7,268	15,653	6,510	7,298	3,403	19,033	195,630	279,370
EMM	30,132	33,934	33,035	30,746	29,244	45,778	62,140	102,390	13,135	126,677	507,212
RAND											66,667
Phase II Board Approved Funding 2015/16	123,600	56,227	116,423	249,301	389,325	538,947	574,536	224,494	421,346	1,400,227	4,094,425
Suicide Prevention Hotline	85,948	35,398		37,079	66,230	39,039	48,250	63,149	38,979	106,784	520,857
Plumas Wellness Center			95,000		8,800	142		95,000		41,500	240,442
Community Response Plan						1,500		1,875	4,936		8,311
TTACB Contract	176				6,336					56,744	63,256
State Hospital Beds					22,067	72		22,067		197,108	241,314
Short Doyle Fiscal Pilot	20,000	2,975	2,975		1,488		2,380	5,259	1,275	90,355	126,706
Drug Medi-Cal										1,328	1,328
PNWE								116	213		329
Program Management	155,601	155,601	155,601	155,601	155,601	155,601	155,601	155,601	155,601	155,601	1,556,009
Executive Director	23,523	23,526	23,526	21,844	22,165	23,988	22,707	23,604	23,562	23,353	231,798
Program Management Direct & Indirect	179,124	179,127	179,127	177,445	177,766	179,589	178,308	179,205	179,163	178,954	1,787,808
Legal	2,923	851	3,016		3,926	5,170	8,501	7,057		3,000	34,443
Travel & Meetings							5,466			2,884	8,349
Other Contracts				12,700	21,187	11,691	35,158	20,282	16,087	10,000	127,104
Insurance											-
Financial Audit			7,500	1,710	1,500						10,710
Other Administrative Expenses	31,586	66,000	36,209	6,714	4,809	7,788	16,881	3,346	8,739	8,000	190,071
Administrative Expenses	213,633	245,978	225,851	198,569	209,188	204,237	244,313	209,890	203,989	202,837	2,158,485
<b>Total Cash Expenses</b>	<b>1,932,215</b>	<b>1,297,023</b>	<b>689,834</b>	<b>714,809</b>	<b>1,213,252</b>	<b>1,935,159</b>	<b>1,239,881</b>	<b>1,112,636</b>	<b>672,065</b>	<b>2,416,599</b>	<b>13,223,472</b>
<b>Ending Cash Balance</b>	<b>14,233,959</b>	<b>14,762,506</b>	<b>14,884,056</b>	<b>14,189,713</b>	<b>13,164,503</b>	<b>11,294,237</b>	<b>10,231,709</b>	<b>9,133,129</b>	<b>9,093,592</b>	<b>7,030,775</b>	<b>7,030,775</b>



"A George Hills Company Administered JPA"

## Treasurer's Report

As of March 31, 2016

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	\$10,185,692	\$10,187,944	0.51%
Morgan Stanley – Money Trust	1,471	1,471	0.11%
Cash with California Bank & Trust	44,546	44,546	0.00%
<b>Total Cash and Investments</b>	<b>\$10,231,709</b>	<b>\$10,233,961</b>	<b>0.51%</b>

Attached are the Local Agency Investment Fund (LAIF) statements detailing all investment transactions.


The LAIF market value was derived by applying the March 2016 fair value factor of 1.00022106 to the book balance.

I certify that this report reflects all cash and investments and is in conformance with the Authority's Investment Policy. The investment program herein shown provides sufficient cash flow liquidity to meet the Authority's expenditures for the next six (6) months.

Respectfully submitted,

Accepted,

  
\_\_\_\_\_  
Kim Santin, Finance Director

  
\_\_\_\_\_  
Dawan Utecht, Treasurer



Local Agency Investment Fund  
 P.O. Box 942809  
 Sacramento, CA 94209-0001  
 (916) 653-3001

[www.treasurer.ca.gov/pmia-laif/laif.asp](http://www.treasurer.ca.gov/pmia-laif/laif.asp)  
 April 15, 2016

CALIFORNIA MENTAL HEALTH SERVICES  
 AUTHORITY  
 STAFF  
 3043 GOLD CANAL DRIVE, SUITE 200  
 RANCHO CORDOVA, CA 95670

PMIA Average Monthly Yields

Account Number:  
 40-34-021

Tran Type Definitions

March 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
3/21/2016	3/18/2016	RW	1495746	KIM SANTIN	-1,050,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	11,235,692.35
Total Withdrawal:	-1,050,000.00	Ending Balance:	10,185,692.35

Local Agency Investment Fund  
 P.O. Box 942809  
 Sacramento, CA 94209-0001  
 (916) 653-3001

[www.treasurer.ca.gov/pmia-laif/laif.asp](http://www.treasurer.ca.gov/pmia-laif/laif.asp)  
 April 15, 2016

CALIFORNIA MENTAL HEALTH SERVICES  
 AUTHORITY  
 STAFF  
 3043 GOLD CANAL DRIVE, SUITE 200  
 RANCHO CORDOVA, CA 95670

PMIA Average Monthly Yields

Account Number:  
 40-34-021

Tran Type Definitions

February 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
2/18/2016	2/17/2016	RW	1493717	KIM SANTIN	-1,700,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	12,935,692.35
Total Withdrawal:	-1,700,000.00	Ending Balance:	11,235,692.35

Local Agency Investment Fund  
 P.O. Box 942809  
 Sacramento, CA 94209-0001  
 (916) 653-3001

[www.treasurer.ca.gov/pmia-laif/laif.asp](http://www.treasurer.ca.gov/pmia-laif/laif.asp)  
 April 15, 2016

CALIFORNIA MENTAL HEALTH SERVICES  
 AUTHORITY  
 STAFF  
 3043 GOLD CANAL DRIVE, SUITE 200  
 RANCHO CORDOVA, CA 95670

PMIA Average Monthly Yields

**Account Number:**  
 40-34-021

Tran Type Definitions

January 2016 Statement

Effective Date	Transaction Date	Tran Type	Tran Confirm Number	Authorized Caller	Amount
1/14/2016	1/13/2016	RW	1488987	KIM SANTIN	-1,200,000.00
1/15/2016	1/14/2016	QRD	1489177	SYSTEM	13,379.65

Account Summary

Total Deposit:	13,379.65	Beginning Balance:	14,122,312.70
Total Withdrawal:	-1,200,000.00	Ending Balance:	12,935,692.35

## Memo

December 18, 2015

To: Karen Baylor, California Department of Health Care Services (CDHCS)  
From: Kim Santin, Finance Director, California Mental Health Services Authority  
Re: CalMHSA Contract 09-79119-00 (DHCS #12-89125) Reporting for the Fiscal Year Ended June 30, 2015

On behalf of the California Mental Health Services Authority (CalMHSA), enclosed is the JPA's revenue and expenditure report for the year ended June 30, 2015. The financial audit report will be sent under separate cover. The attached report demonstrates CalMHSA's execution of the deliverables outlined in the April 29, 2010 contract:

- B. Commencing in FY 2010/2011 and each fiscal year thereafter, not later than December 31, the Contractor shall provide to CDHCS the following information for the previous fiscal year:
  - (1) An accounting of the funds administered by the Contractor in aggregate, to include:
    - a.) Amount at the beginning of the fiscal year in the account specified in item 5.B.
    - b.) Amounts received during the fiscal year.
    - c.) Amount disbursed throughout the fiscal year.
  - (2) An accounting of funds by County as specified in item 5.B.(6) to include:
    - a.) Amount at the beginning of the reporting term.
    - b.) Amount of funds received for each County.
    - c.) Amount of interest earned on funds by date posted to the account.
    - d.) Amount of funds remaining for each County at the end of the reporting term.
    - e.) A report on the total amount of encumbered and unencumbered funds.
- C. The Contractor shall prepare and distribute at its meetings quarterly reports of all of its revenues and expenditures.
- D. The Contractor shall keep such books and records of the operation of the programs and the Account, pursuant to generally accepted accounting principles for governmental entities, practices and applicable laws and regulations. CDHCS, or its representative, shall have the right to audit the programs and Account, at its expense, and upon reasonable notice to the Contractor.

Please contact me with any questions (916-859-4820, [kim.santin@calmhsa.org](mailto:kim.santin@calmhsa.org)).

**California Mental Health Service Authority (CalMHSA)**  
**Contract 09-79119-00 Reporting**  
**For the Fiscal Year Ended June 30, 2015**

Contract 09-79119-000

References:

5B(2)a      5B(2)b      5B(2)b      5B(2)b  
5B(1)a      5B(1)b      5B(1)b      5B(1)b

County	County/Total Available Funds (Includes funding for 11/12 Fiscal Year)	Amount at Beginning of Fiscal Year	Phase I Funds Received During 2014/2015 Fiscal Year	Phase II Funds Received During 2014/2015 Fiscal Year	Phase III Funds Received During 2014/2015 Fiscal Year	Phase I Funds Receivable June 30, 2015	Total PEI Funds recognized as Revenue by CalMHSA under GAAP Accounting	5B(1)c Less Disbursements of \$26,850,646	5B(2)c Interest Earned on PEI Funds \$224,015	GAAP Basis PEI Fund Balance as of June 30, 2015 Note (1)	5B(2)d Contract Basis PEI Fund Balance as of June 30, 2015
Alameda						380,240	380,240	(270,586)	2,257	111,912	(268,328)
Amador	\$126,400	26,903	8,000				8,000	(24,837)	207	10,273	10,273
Butte	\$875,200	186,275	15,000				15,000	(143,231)	1,195	59,239	59,239
Calaveras	\$165,200	35,161	2,694				2,694	(26,938)	225	11,141	11,141
Colusa	\$100,000	21,284	11,414				11,414	(23,268)	194	9,624	9,624
Contra Costa	\$3,668,800	780,858					-	(555,672)	4,636	229,821	229,821
El Dorado	\$580,800	123,616					-	(87,967)	734	36,382	36,382
Fresno	\$3,994,000	850,072	455,864				455,864	(929,328)	7,753	384,362	384,362
Glenn	\$108,400	23,072	8,800	12,536	12,536		8,800	(22,680)	189	9,380	9,380
Imperial	\$750,000	159,628					-	(113,594)	948	46,982	46,982
Humboldt	\$502,800	107,015				8,198	8,198	(81,988)	684	33,909	25,711
Imperial			48,915				48,915	(34,809)	290	14,397	14,397
Inyo	\$100,000	22,549					-	(16,047)	134	6,637	6,637
Kern	\$3,423,600	728,670				120,019	120,019	(603,942)	5,039	249,785	129,766
Kings			48,916				48,916	(34,810)	290	14,397	14,397
Lake	\$236,800	50,400	27,028				27,028	(55,099)	460	22,788	22,788
Lassen	\$101,200	22,820					-	(16,239)	135	6,716	6,716
Los Angeles	\$46,713,600	9,942,398					-	(7,075,191)	59,028	2,926,235	2,926,235
Madera	\$649,600	138,259					-	(98,388)	821	40,692	40,692
Marin	\$889,600	189,340	101,536				101,536	(206,993)	1,727	85,610	85,610
Mariposa	\$100,000	22,549	11,414				11,414	(24,169)	202	9,996	9,996
Mendocino	\$328,000	69,811	5,348				5,348	(53,484)	446	22,121	22,121
Merced	\$1,132,800	241,102	40,000				40,000	(200,037)	1,669	82,734	82,734
Modoc	\$100,000	21,284	6,522				6,522	(19,787)	165	8,184	8,184
Mono	\$100,000	22,549					-	(16,047)	134	6,637	6,637
Monterey	\$1,826,400	388,726	208,460				208,460	(424,968)	3,546	175,763	175,763
Napa	\$484,400	109,230	10,551				10,551	(85,238)	711	35,254	35,254
Nevada						5,000	5,000	(3,558)	30	1,472	(3,528)
Orange	\$13,336,800	2,838,569	900,000				900,000	(2,660,433)	22,196	1,100,331	1,100,331
Placer	\$1,096,400	233,355	162,000				162,000	(281,342)	2,347	116,360	116,360
Plumas						20,000	20,000	(14,232)	119	5,886	(14,114)
Riverside	\$8,856,000	1,884,887	482,953				482,953	(1,684,998)	14,058	696,900	696,900
Sacramento	\$5,327,200	1,133,827	460,302				460,302	(1,134,411)	9,464	469,182	469,182
San Benito	\$221,600	131,082					-	(93,280)	778	38,580	38,580
San Bernardino	\$8,615,200	1,833,636	561,894				561,894	(1,704,703)	14,222	705,050	705,050
San Diego	\$13,506,800	2,874,751	650,000				650,000	(2,508,277)	20,927	1,037,401	1,037,401
San Francisco	\$3,020,400	668,341	100,000				100,000	(546,765)	4,562	226,137	226,137
San Joaquin	\$250,000	56,374	174,663				174,663	(164,410)	1,372	67,998	67,998
San Luis Obispo	\$1,032,000	219,648	67,308				67,308	(204,203)	1,704	84,457	84,457
San Mateo	\$2,610,800	555,676				85,139	85,139	(456,015)	3,805	188,604	103,465
Santa Barbara	\$1,808,800	384,980					-	(273,959)	2,286	113,307	113,307
Santa Clara	\$7,707,600	1,640,465	502,699				502,699	(1,525,114)	12,724	630,774	630,774
Santa Cruz	\$1,130,000	240,506					-	(171,149)	1,428	70,786	70,786
Shasta			11,485				11,485	(8,173)	68	3,380	3,380
Siskiyou	\$143,200	30,478	11,675				11,675	(29,997)	250	12,407	12,407
Solano	\$1,604,400	355,015	54,922				54,922	(291,718)	2,434	120,652	120,652
Sonoma	\$1,758,800	374,338	57,356				57,356	(307,201)	2,563	127,056	127,056
Stanislaus	\$2,040,800	434,358	232,931				232,931	(474,855)	3,962	196,396	196,396
Sutter/Yuba	\$600,800	130,408	39,185				39,185	(120,685)	1,007	49,914	49,914
Tulare			31,443	31,443	31,443		31,443	(22,375)	187	9,254	9,254
Tuolumne	\$193,200	43,566	15,751	16,715	16,715		15,751	(42,211)	352	17,458	17,458
Tri Cities	\$817,200	184,274	13,325				13,325	(140,615)	1,173	58,157	58,157
Trinity	\$100,000	21,284	6,522				6,522	(19,787)	165	8,184	8,184
Ventura	\$3,339,200	710,706	55,000				55,000	(544,891)	4,546	225,362	225,362
Yolo	\$832,800	177,251	70,000				70,000	(175,948)	1,468	72,771	72,771
	<b>\$147,007,600</b>	<b>31,441,344</b>	<b>\$5,671,876</b>	<b>\$60,694</b>	<b>\$60,694</b>	<b>\$618,596</b>	<b>\$6,290,472</b>	<b>(26,850,646)</b>	<b>224,015</b>	<b>11,105,185</b>	<b>10,486,589</b>

Note (1) - The GAAP Basis Fund Balance of \$11,105,185 (\$10,486,589 + \$618,596) is \$618,596 more than the Contract Basis of PEI Fund Balance for Cash Basis recognition of Revenue.

Note (2) - The Fund Balance on the Audit includes all programs.

PEI programs	11,105,185
Technical Asst/Capacity Bu	203,448
WET program	148,470
SHB Program	540,030
Feasibility Study	259,566
SDR Conference	(26,578)
Operations	(359,874)
<b>Total Fund Balance</b>	<b>11,870,247</b>

FY 2015	26,850,646.00
FY 2014	60,893,888.46
FY 2013	38,713,297.00
FY 2012	16,674,078.00
FY 2011	1,661,817.00
FY 2010	235,700.00
	<u>145,029,426.46</u>

**CONSENT CALENDAR**  
**Agenda Item 4.B5.**

**SUBJECT: CalMHSA New Membership Application**

---

**ACTION FOR CONSIDERATION:**

Approve CalMHSA membership for Alpine County and Merced County.

**BACKGROUND AND STATUS:**

Alpine County and Merced County have received membership approval from their Board of Supervisors, submitted their membership applications to CalMHSA staff and now request approval as JPA members.

- The Alpine County board representative will be Alpine County Behavioral Health Services Director, Alissa R. Nourse.
- The Merced County board representative will be Merced County Mental Health Director, Yvonna Brown.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Approve CalMHSA membership for Alpine County and Merced County.

**TYPE OF VOTE REQUIRED:**

Majority of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- Alpine County Resolution
- Merced County Resolution
- CalMHSA Membership Roster



COUNTY OF ALPINE  
Board of Supervisors

MINUTE ORDER 2015-09

BOARD OF SUPERVISORS  
COUNTY OF ALPINE

TO: Alissa Nourse, Behavior Health Services Director

FROM: Alpine County Board of Supervisors

RE: Action on Item 9.2

Request approval and adoption of the resolution authorizing Alpine County Behavioral Health Services to join the California Mental Health Services Authority (CalMHSA) approving the Joint Exercise of Powers Agreement (JPA), authorizing the Director of BHS to sign the JPA on behalf of the County and act as the representative of the County on the Board of Directors of the CalMHSA and authorize the Director of BHS to expend the application fee to participate in CalMHSA. - BHS Director

- 9.2 MOTION Woodrow / SECOND Rawson adopting Resolution R2015-57 authorizing Alpine County Behavioral Health Services to join the California Mental Health Services Authority (CalMHSA);**  
**AYES: Supervisors Jardine, Hames, Rakow, Woodrow, Rawson;**  
**MOTION CARRIED.**

**MOTION Woodrow / SECOND Jardine approving the Joint Exercise of Powers Agreement (JPA), authorizing the Director of BHS to sign the JPA on behalf of the County and act as the representative of the County on the Board of Directors of the CalMHSA and authorizing the Director of BHS to expend the application fee to participate in CalMHSA.**

**AYES: Supervisors Jardine, Hames, Rakow, Woodrow, Rawson;**  
**MOTION CARRIED.**

DATED: October 21, 2015

TEOLA L. TREMAYNE

Alpine County Clerk and ex officio  
Clerk of the Board of Supervisors

By: Stephanie Fong, Assistant County Clerk

**RESOLUTION NO. R2015 - R2015-57**

**RESOLUTION OF THE BOARD OF SUPERVISORS,  
COUNTY OF ALPINE, STATE OF CALIFORNIA**

**California Mental Health Services Authority Membership**

**WHEREAS**, in November 2004, California voters passed Proposition 63, which was enacted into law in 2005 as the Mental Health Services Act (MHSA) and which imposed a 1% tax on adjusted annual income over \$1,000,000 for the purpose of reducing the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness; and

**WHEREAS**, California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority formed to be a single agency acting for its member counties to develop mental health services and education programs, obtain funding, contract for services, collect data, make reports, and act as a repository of information and expertise for such programs; and

**WHEREAS**,

**WHEREAS**, Alpine County wishes to participate in the Mental Health Services Act Prevention and Early Intervention Statewide project by becoming a member of the California Mental Health Services Authority (CalMHSA) in order to jointly develop and fund mental health services and education programs on a statewide, regional, or local basis.

**NOW, THEREFORE BE IT RESOLVED**, that the Alpine County Board of Supervisors does hereby:

- 1) Authorize County's participation in the California Mental Health Services Authority.
- 2) Approve the CalMHSA Joint Exercise of Powers Agreement as amended in 2010.
- 3) Authorize the Director of the Department of Behavioral Health to sign the Joint Exercise of Powers Agreement (as amended in 2010) on behalf of Alpine County.
- 4) Authorize the Director of the Department of Behavioral Health to act as the representative of the County on the Board of Directors of the California Mental Health Services Authority, and authorize the Director to appoint an alternate represent the County on the CalMHSA Board.
- 5) Authorize the Director of Behavioral Health to expend the application fee to participate in CalMHSA.



PASSED AND ADOPTED this 20th day of October, 2015, by the Alpine County Board of Supervisors, State of California, by the following vote:

AYES: Supervisors Jardine, Hames, Rakow, Woodrow, Rawson


NOES: NONE

ABSENT: NONE




Katherine Rakow  
Katherine Rakow, Chair,  
Board of Supervisors, County of  
Alpine, State of California

ATTEST:



Teola L. Tremayne, County Clerk  
& Ex Officio Clerk to the  
Board of Supervisors,  
By: Stephanie Fong, Asst. County Clerk

APPROVED AS TO FORM:



David Prentice, County Counsel

MH 327

**CONTRACT BOARD AGENDA ITEM**

**TO:** BOARD OF SUPERVISORS  
**THROUGH:** COUNTY EXECUTIVE OFFICER  
**FROM:** YVONNIA BROWN, DIRECTOR, MENTAL HEALTH

**VENDOR OR CONTRACTOR** California Mental Health Services Authority**PRODUCT OR SERVICE** Membership of Joint Powers Authority**TYPE** Professional Special Services**ACTION** New No.**Process** Other**Date of last Competitive Process****Original Contract Date****Date of last Board Action**

**SCOPE OF SERVICES/SUMMARY** California Mental Health Services Authority (CalMHSA) is evolving to provide counties an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. As an on-going efficient delivery mechanism for statewide and other California mental health projects, a central component of CalMHSA's vision is to continually promote systems and services arising from a commitment to community mental health, and to the values of the California Mental Health Services Act. (continued on Page 2)

**REVIEW** Auditor-Controller CEO Counsel Admin Services Human Resources Risk Management**Department Contact/Phone:** Jamie Baker (6842), Manjit Kaur (3200), Sharon Mendonca (6803)**REQUEST/RECOMMENDATION/ACTION NEEDED:**

1) Approve and authorize the Merced County to participate in the California Mental Health Services Authority (CalMHSA.) 2) Authorize the Merced County Director of Mental Health (MCDMH), and his/her alternate to represent the County on the CalMHSA Board of Directors. 3) Authorize the MCDMH to sign the membership application and other documents related to membership. 4) Approve Joint Exercise of Powers Agreement of the CalMHSA JPA, and authorize the Merced County Director of Mental Health to sign the JPA Agreement and future amendments on behalf of the County. 5) Adopt a resolution authorizing County's participation in the California Mental Health Services Authority (CalMHSA). 6). Direct Mental Health Department to return to the Board with any future amendments to the agreement.

**For Board Staff Only****April 26, 2016****BOARD ACTION: 4/26/2016****O'BANION/MCDANIEL - APPROVED RECOMMENDATION****RESOLUTION NO. 2016-32****CONTRACT NO. 2016079****TO: MH**

**Page 2**

**Budget Unit 41506**

**Contract Period Beginning 5/1/16**

**Total Contract Amount**

**Difference**

**Budgeted Amount           \$500**

**Account Number 21500**

**Ending Ongoing               Months**

**Prior Contract Amount \$**

**Actual Expenditures**

**Budget Transfer Attached No**

**Funding Source** There is an application fee of \$500 (based on County population) to join CalMHSA. Otherwise, participation in the Authority will not impose any additional County costs as funding for the statewide PEI projects has been reserved for counties acting jointly or collaboratively, and is separate from and does not impact the ongoing base funding of the Counties for the PEI programs developed and operated by individual Counties.

**Staffing Impact (none by this action)**

**Additional Information (Continued from page 1)**

CalMHSA provides member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in development and implementation of common strategies and programs, fiscal integrity, protections, and management of collective risk and accountability at state, regional, and local levels.

Approval of this item will allow the Merced County's Department of Mental Health to participate in the California Mental Health Services Authority (CalMHSA) in order to jointly develop and fund mental health services and education programs as determined by CalMHSA Board on a regional, statewide, or other basis.

In 2004, voters approved Proposition 63, the Mental Health Services Act (MHSOA), which among other things provided for the State Department of Mental Health (DMH) to implement various mental health services through contracts with county mental health programs or counties acting jointly.

In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five statewide Prevention and Early Intervention (PEI) Projects. In 2008, MHSOAC determined that three of these projects would be most effectively implemented by a single administrative entity, and approved funding for these projects in the amount of \$40,000,000 per year for four years. This funding is separate from and does not impact the ongoing base funding for PEI programs developed by the individual counties. The three programs identified by MHSOAC for single statewide administration were Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction.

DMH was the single administrative entity initially contemplated by the MHSOAC, and some Counties assigned their statewide PEI Project funds to DMH, but when other Counties declined to assign their funds to DMH, the California Mental Health Directors Association determined that the most efficient alternative would be a single statewide entity such as a Joint Powers Authority. MHSOAC and DMH supported formation of a Joint Powers Authority to administer the projects. DMH Information Notices 10-05 and 10-06 provide Counties three options for implementation of statewide PEI Programs: a Joint Powers Authority, a multi-County collaborative, or assignment to DMH.

The California Government Code (the "Joint Exercise of Powers Act", Section 6500 et seq.) permits two or more public agencies by agreement to jointly exercise powers common to the contracting parties. Six initial member Counties formed the California Mental Health Service Authority (CalMHSA) in 2009. In April 2010, CalMHSA entered into a contract with DMH to administer the three statewide PEI Projects on behalf of its member Counties. In June 2010, CalMHSA's Board approved amendments to its Joint Exercise of Powers Agreement to clarify the rights and obligations of member Counties. The Agreement as amended in 2010 is attached as Attachment 1. Under the Agreement, each member County has a representative on CalMHSA's Board of Directors who has the authority to attend, participate in and vote on actions of the Board of Directors. As of November 2010, CalMHSA had 29 member Counties containing more than 85% of the state's population and accounting for more than \$130,000,000 of the \$160,000,000 allocated to Counties to administer the three statewide PEI Projects over the four-year period.

The Merced County's Department of Mental Health requests approval to join CalMHSA in order to act jointly with other counties to administer the three statewide PEI Projects. In addition to providing an alternative to assignment of the funds for these projects to DMH, CalMHSA facilitates efficient use of resources by multiple Counties by providing group purchasing power, joint development of RFPs and contracts for services, reduced overhead through sharing of the expenses of administration and reporting, and sharing research and strategies.

CalMHSA also provides its member Counties with a unified voice in dealing with DMH, MHSOAC, and the legislature. CalMHSA may in the future facilitate joint county administration of other mental health services.

There is no direct effect on current County services will occur, since funds for the statewide PEI projects are separate from and in addition to funds currently received under the MHSOAC. However, Counties will benefit directly and indirectly from these statewide projects through training and technical assistance provided to Counties and their PEI partners' support for the implementation of local PEI projects, media and social marketing materials in multiple languages, model program sites, enhanced state and local partnerships, coordinated state and local efforts, research and evaluation, and statewide quality improvement activities. Establishing an alternative to state administration of state-level MHSOAC programs through participation in the CalMHSA should result in more cost-effective rates for services, reduced demands on County administrative services, and increased efficiency in implementing services.

BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF MERCED, STATE OF CALIFORNIA

IN THE MATTER OF:

RESOLUTION NO. 2016-32

APPROVAL OF MEMORANDUM )  
OF UNDERSTANDING BETWEEN )  
CALMHSA AND MERCED COUNTY)

**WHEREAS**, County wishes to become a member of the California Mental Health Services Authority (CalMHSA) in order to have the opportunity to; and,

**WHEREAS**, the Department of Health Care Services (DHCS) and the California Mental Health Directors Association (CMHDA) recommended that county behavioral health departments act jointly through CalMHSA to fund and administer mental health services and education programs; and,

**WHEREAS**, County of Merced, desires to join with other counties for the purpose of jointly developing, funding and administering mental health services and education programs in which County elects to participate in; and,

**NOW, THEREFORE, BE IT RESOLVED**, that the Merced County Board of Supervisors does hereby approve and authorize County's participation in the California Mental Health Services Authority. Approve the CalMHSA Joint Exercise of Powers Agreement as amended in 2013. Authorize the Director of the Department of Mental/Behavioral Health to sign the Joint Exercise of Powers Agreement (as amended in 2013) on behalf of County. Authorize the Director of the Department of Mental/Behavioral Health to act as the representative of the County on the Board of Directors of the California Mental Health Services Authority, and authorize the Director to appoint an alternate represent the County on the CalMHSA Board. Authorize the Director of Mental/Behavioral Health to expend the application fee to participate in CalMHSA.

I, **JAMES L. BROWN**, Clerk of the Board of Supervisors of the County of Merced, do hereby certify that the foregoing resolution was regularly introduced, passed and adopted by said Board at a regular meeting thereof held on the 26<sup>th</sup> day of April, 2016 by the following vote:

**SUPERVISORS:**

AYES: Hub Walsh, John Pedrozo, Daron McDaniel, Jerry O'Banion

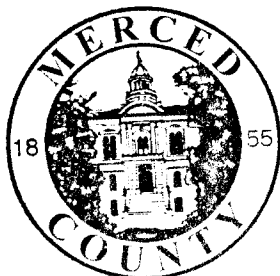
NOES: None

ABSENT: Deidre F. Kelsey

WITNESS my hand and the Seal of this Board this 26<sup>th</sup> day of April, 2016.

JAMES L. BROWN, CLERK

By Andrea Hamill  
Deputy





**Current Membership Roster**

**55 members (53 counties, 1 JPA, 1 City)**

- San Bernardino County (July 9, 2009)
- Solano County (July 9, 2009)
- Colusa County (July 9, 2009)
- Monterey County (July 9, 2009)
- San Luis Obispo County (July 9, 2009)
- Stanislaus County (July 9, 2009)
- Sutter/Yuba County (August 13, 2009)
- Butte County (November 13, 2009)
- Placer County (January 14, 2010)
- Sacramento County (March 12, 2010)
- Glenn County (April 7, 2010)
- Trinity County (April 15, 2010)
- Sonoma County (May 13, 2010)
- Modoc County (May 13, 2010)
- Santa Cruz County (June 10, 2010)
- Los Angeles County (June 10, 2010)
- Marin County (August 12, 2010)
- Orange County (August 12, 2010)
- Yolo County (August 12, 2010)
- Contra Costa County (October 14, 2010)
- Fresno County (October 14, 2010)
- Imperial County (October 14, 2010)
- Kern County (October 14, 2010)
- Lake County (October 14, 2010)
- Riverside County (October 14, 2010)
- Santa Clara County (October 14, 2010)
- Siskiyou County (October 14, 2010)
- Ventura County (October 14, 2010)
- Madera County (November 12, 2010)
- Mendocino County (December 9, 2010)
- San Diego County (February 10, 2011)
- San Francisco City & County (February 10, 2011)
- El Dorado County (March 11, 2011)
- San Mateo County (March 11, 2011)
- Napa County (June 9, 2011)
- Humboldt County (July 14, 2011)
- Lassen County (July 14, 2011)
- Mariposa County (August 11, 2011)\*
- Tuolumne County (August 11, 2011)
- San Benito County (October 13, 2011)\*
- Tri-City Mental Health Center (October 13, 2011)
- Del Norte County (December 15, 2011)\*
- Shasta County (February 10, 2012)\*
- Tulare County (February 10, 2012)\*
- Kings County (April 13, 2012)\*
- San Joaquin County (April 13, 2012)<sup>§</sup>
- City of Berkeley (June 14, 2012)\*
- Inyo County (June 14, 2012)
- Mono County (June 14, 2012)
- Nevada County (June 14, 2012)\*
- Alameda County (June 13, 2013)\*
- Santa Barbara County (April 11, 2014)
- Plumas County (June 11, 2015)
- Alpine County (June 9, 2016)
- Merced County (June 9, 2016)

**Non-Member Counties w/Assigned Funds**

Amador and Calaveras

**Remaining Non-Member Counties**

Sierra and Tehama

**CalMHSA's Regional Representatives**

Bay Area Regional Representatives	Michael Kennedy, Sonoma County
	Jo Robinson, San Francisco City & County
Central Regional Representatives	Vic Singh, San Joaquin County
	Rita Austin, Tuolumne County
Los Angeles Regional Representatives	Marvin Southard, Los Angeles County
	William Arroyo, Los Angeles County
Southern Regional Representatives	Mary Hale, Orange County
	Alfredo Aguirre, San Diego County
Superior Regional Representatives	Tom Pinizzotto, Mendocino County
	Donnell Ewert, Shasta County

\*Member has elected not to assign funds to CalMHSA.

§Member has elected to participate only in the Statewide PEI Suicide Prevention Project, Program 3: Social Marketing Program.

**CONSENT CALENDAR**  
**Agenda Item 4.B6.**

**SUBJECT: CALMHSA FINANCIAL AUDIT ENGAGEMENT**

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**ACTION FOR CONSIDERATION:**

Approval of one year contract extension with James Marta and Company.

**BACKGROUND AND STATUS:**

In late 2010 at board direction, staff engaged James Marta & Company to carry-out a biennial audit for the two-year period ending June 30, 2011 in accordance with Article 7, Section 7.1 of the Bylaws, which states “the Board shall cause to be made, by a qualified, independent individual or firm, an annual audit of the financial accounts and records of the Authority.” On February 10, 2012, the CalMHSA Board of Directors, upon the Finance Ad Hoc Committee’s in-depth review and subsequent recommendation, received and filed the CalMHSA Financial Audit for the Fiscal Years Ended June 30, 2011 and 2010. Upon close of the fiscal year ending June 30, 2012, the Board approved James Marta & Company to carry-out audits for the years ending June 30, 2012, 2013 and June 30, 2014.

At the March 2016 Finance Committee meeting, a recommendation to extend the agreement for one year, audit of the year ended June 30, 2016. The committee requested to hold discussions to continue with James Marta and Company for the audit for the year ended June 30, 2017.

**FISCAL IMPACT**

None.

**RECOMMENDATION:**

Approval of one year contract extension with James Marta and Company.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors.

**REFERENCE MATERIALS ATTACHED:**

- CalMHSA Financial Audit Engagement Letter



**James Marta & Company LLP**  
**Certified Public Accountants**

*Accounting, Auditing, Consulting, and Tax*

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June 2, 2016

Kim Santin, Finance and Administration Director  
George Hills Company, Inc.

Re: California Mental Health Services Authority

Dear Board of Directors

We are pleased to confirm our understanding of the services we are to provide for California Mental Health Services Authority for June 30, 2016 and provide assistance with the preparation of the financial statements. Please read this letter carefully because it is important to both our firm and you that you understand and accept the terms under which we have agreed to perform our services as well as management's responsibilities under this agreement.

This letter confirms the services you have asked our firm to perform and the terms under which we have agreed to do that work. Please read this letter carefully because it is important to both our firm and you that you understand what you can and cannot expect from our work. In other words, we want you to know the limitations of the services you have asked us to perform. If you are confused at all by this letter or believe we have misunderstood what you need, please call to discuss this letter before you sign it.

**I. SCOPE OF WORK**

The following represents our understanding of the services we will provide California Mental Health Services Authority (Authority).

You have requested that we audit the Statement of Net Position of California Mental Health Services Authority as of June 30, 2016, and for the year then ended and the related notes to the financial statements, which collectively comprise Authority's basic financial statements as listed in the table of contents. We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on each opinion unit.

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis, Statements of Revenues, Expenditures and Changes in Fund Balance – Budget (Non-GAAP) and Actual, General Fund – Current Year and Statements of Revenues, Expenditures and Changes in Fund Balance – Budget (Non-GAAP) and Actual, General Fund – Prior Year be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by *Governmental Accounting Standards Board*, who considers it to be an essential part of financial reporting for



placing the basic financial statements in an appropriate operational, economic, or historical context.

As part of our engagement, we will apply certain limited procedures to the required supplementary information (RSI) in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist primarily of inquiries of management regarding their methods of measurement and presentation, and comparing the information for consistency with management's responses to our inquiries. We will not express an opinion or provide any form of assurance on the RSI. The following RSI is required by accounting principles generally accepted in the United States of America. This RSI will be subjected to certain limited procedures but will not be audited:

- *Management's Discussion and Analysis*
- *Statements of Revenues, Expenditures and Changes in Fund Balance – Budget (Non-GAAP) and Actual, General Fund – Current Year*
- *Statements of Revenues, Expenditures and Changes in Fund Balance – Budget (Non-GAAP) and Actual, General Fund – Prior Year*

Supplementary information other than RSI will accompany Authority's basic financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the basic financial statements and perform certain additional procedures, including comparing and reconciling the supplementary information to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and additional procedures in accordance with auditing standards generally accepted in the United States of America. We intend to provide an opinion on the following supplementary information in relation to the financial statements as a whole.

### **The Objective of an Audit**

The objective of our engagement is to prepare financial statements in accordance with generally accepted accounting principles based on information provided by you, and the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America and will include tests of the accounting records and other procedures we consider necessary to enable us to express such opinions. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions on the financial statements are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or to issue a report as a result of this engagement.

### **General Audit Procedures**

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) and in accordance with Government Auditing Standards, and the

State Controller's Minimum Audit Requirements for California Special Districts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the basic financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

### **Internal Control Audit Procedures**

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements may not be detected exists, even though the audit is properly planned and performed in accordance with U.S. GAAS and in accordance with Government Auditing Standards, and the State Controller's Minimum Audit Requirements for California Special Districts.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit.

### **Compliance with Laws and Regulations**

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of California Mental Health Services Authority's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

### **Management Responsibilities**

Our audit will be conducted on the basis that management acknowledge and understand that they have responsibility:

- a. For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America
- b. For the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to error, fraudulent financial reporting, misappropriation of

- assets, or violations of laws, governmental regulations, grant agreements, or contractual agreements; and
- c. To provide us with:
    - i. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters;
    - ii. Additional information that we may request from management for the purpose of the audit; and
    - iii. Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.
  - d. For including the auditor's report in any document containing financial statements that indicates that such financial statements have been audited by the entity's auditor;
  - e. For identifying and ensuring that the entity complies with the laws and regulations applicable to its activities; and
  - f. For adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the current year period(s) under audit are immaterial, both individually and in the aggregate, to the financial statements as a whole.

With regard to the supplementary information referred to above, you acknowledge and understand your responsibility: (a) for the preparation of the supplementary information in accordance with the applicable criteria; (b) to provide us with the appropriate written representations regarding supplementary information; (c) to include our report on the supplementary information in any document that contains the supplementary information and that indicates that we have reported on such supplementary information; and (d) to present the supplementary information with the audited financial statements, or if the supplementary information will not be presented with the audited financial statements, to make the audited financial statements readily available to the intended users of the supplementary information no later than the date of issuance by you of the supplementary information and our report thereon.<sup>1</sup>

As part of our audit process, we will request from management and, when appropriate, those charged with governance, written confirmation concerning representations made to us in connection with the audit.

## **Reporting**

We will issue a written report upon completion of our audit of Authority's basic financial statements. Our report will be addressed to the governing body of Authority. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions, add an emphasis-of-matter or other-matter paragraph(s), or withdraw from the engagement.

We also will issue a written report on Internal Control over Financial Reporting and on Compliance And Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standard upon completion of our audit.

## **Other**

We understand that your employees will prepare all confirmations we request and will locate any documents or invoices selected by us for testing.

If you intend to publish or otherwise reproduce the financial statements and make reference to our firm, you agree to provide us with printers' proofs or masters for our review and approval before printing. You also agree to provide us with a copy of the final reproduced material for our approval before it is distributed.

## **Provisions of Engagement Administration, Timing and Fees**

During the course of the engagement, we may communicate with you or your personnel via fax or e-mail, and you should be aware that communication in those mediums contains a risk of misdirected or intercepted communications.

James P. Marta is the engagement partner for the audit services specified in this letter. His responsibilities include supervising James Marta & Company's services performed as part of this engagement and signing or authorizing another qualified firm representative to sign the audit report.

## **Fees**

Our fee for the audits will be \$10,925 for the year ended 2016. We will bill you on a monthly basis for our services and invoices are payable upon presentation. Unpaid fee balances 30 days overdue will bear interest at 18 percent per annum. This fee is based upon the assumption that the closing journal entries will be made and accounting will be finalized and closed before the year end audit fieldwork. Additional time and billing charges will incur if accounting service is provided for closing or reconciling accounting records.

Whenever possible, we will attempt to use your personnel to assist in the preparation of schedules and analyses of accounts. We understand that your employees will prepare all cash or other confirmations we request and will locate any invoices selected by us for testing. This effort could substantially reduce our time requirements and facilitate the timely conclusion of the audit.

Our initial fee estimate assumes we will receive the aforementioned assistance from your personnel and unexpected circumstances will not be encountered. In the event that the GASB, FASB, AICPA, GAO, OMB, or the State of California issues additional standards or audit procedures that require additional work during the audit period, we will discuss these requirements with you before proceeding further. Before starting the additional work, we will prepare an estimate of the time necessary, as well as the fee for performing the additional work. Our fee for addressing the additional requirements will be at our standard hourly rates for each person involved in the additional work.

In the event we are required to respond to discovery requests, subpoenas, and outside inquiries , we will first obtain your permission unless otherwise required to comply under the law. Our time and expense to comply with such requests will be charged at our standard hour rates in addition to the stated contract.

We agree to retain our audit documentation or work papers for a period of at least seven years from the date of our report.

At the conclusion of our audit engagement, we will communicate to the board of directors the following significant findings from the audit:

- Our view about the qualitative aspects of the entity's significant accounting practices;
- Significant difficulties, if any, encountered during the audit;
- Uncorrected misstatements, other than those we believe are trivial, if any;
- Disagreements with management, if any;
- Other findings or issues, if any, arising from the audit that are, in our professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process;
- Material, corrected misstatements that were brought to the attention of management as a result of our audit procedures;
- Representations we requested from management;
- Management's consultations with other accountants, if any; and
- Significant issues, if any, arising from the audit that were discussed, or the subject of correspondence, with management.

The audit documentation for this engagement is the property of James Marta & Company, LLC and constitutes confidential information. However, we may be requested to make certain audit documentation available pursuant to authority given to any regulator by law or regulation, or to peer reviewers. If requested, access to such audit documentation will be provided under the supervision of James Marta & Company, LLC's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to any regulator. They may intend, or decide, to distribute the copies of information contained therein to others, including other governmental agencies.

### **Mediation Provision**

Disputes arising under this agreement (including scope, nature, and quality of services to be performed by us, our fees and other terms of the engagement) shall be submitted to mediation. A competent and impartial third party, acceptable to both parties shall be appointed to mediate, and each disputing party shall pay an equal percentage of the mediator's fees and expenses. No suit or arbitration proceedings shall be commenced under this agreement until at least 60 days after the mediator's first meeting with the involved parties. If the dispute requires litigation, the court shall be authorized to impose all defense costs against any non-prevailing party found not to have participated in the mediation process in good faith.

Several technical accounting and auditing words and phrases have been used herein. We presume you to understand their meaning or that you will notify us otherwise so that we can furnish appropriate explanations.

We have attached a copy of our latest external peer review report of our firm for your consideration and files.

Please sign and return the attached copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities.

We appreciate the opportunity to be your financial statement auditors and look forward to working with you and your staff.

Respectfully,

Sincerely,



James P. Marta CPA ARM

Principal  
James Marta & Company LLP  
Certified Public Accountants

RESPONSE:

This letter correctly sets forth our understanding.

Acknowledged and agreed on behalf of

California Mental Health Services Authority

Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT CALENDAR**  
**Agenda item 4.B7.**

**SUBJECT: CALMHSA FINANCIAL STATEMENT FOR THE QUARTER ENDING MARCH 31, 2016**

---

**ACTION FOR CONSIDERATION:**

Approval of the CalMHSA Financial Statement for the Quarter ending March 31, 2016.

**BACKGROUND AND STATUS:**

The Board of Directors will review and discuss the financial statement for the quarter ending March 31, 2016.

Some key items are noted in the financial statement cover memo.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Approval of the CalMHSA Financial Statement for the Quarter ending March 31, 2016.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors.

**REFERENCE MATERIALS ATTACHED:**

- CalMHSA Financial Statement Quarter Ending March 31, 2016

**SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL STATEMENTS  
FOR THE NINE MONTHS ENDED MARCH 31, 2016**

**BALANCE SHEET:**

**Cash and Cash Equivalents** – The total cash balance as of March 31, 2016 is \$10.2 million. This is a decrease of \$4.0 million compared to the \$14.2 million in cash as of December 31, 2015. The decrease in cash relates to issuance of payments to program partners for Phase I/Sustainability no-cost extension and Phase II/Sustainability.

**Receivables** – The balance in accounts receivable as of March 31, 2016, is \$1.2 million. The categories with the most significant balances are as follows:

• Phase II Sustainability Funding	\$ 527,403
• State Hospital Beds Program	<u>603,377</u>
	\$1,130,780

**Accounts Payable** – The balance in accounts payable as of March 31, 2016, is approximately \$1.0 million. The payables are primarily for payments to program partners. The vendors with the most significant balances are as follows:

• Plumas Crisis Intervention & Resource Center	\$ 95,000
• George Hills Company	109,462
• RAND	171,403
• Tides/CCI	<u>319,382</u>
	\$ 695,247

**Deferred Revenue** – The balance of deferred revenue as of March 31, 2016, is \$220,855. This represents monies received from member counties for 2016/2017 Phase II Sustainability funding and will be recognized as revenue in 2016/2017.

**STATEMENT OF REVENUE AND CHANGES IN NET ASSETS:**

**Operating Revenue** – Total revenue for the nine months ended March 31, 2016 was \$8.5 million consisting of revenue for Phase II Sustainability, Wellness Center, Suicide Prevention Program, the Community Response Plan and the State Hospital Beds Program.

**Expenses** – Overall expenses for the nine months ended March 31, 2016 were \$8.7 million. The expenses for these nine months consisted mainly of contract expenses for the Statewide Program (Phase I and Phase II.)



**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**

**UNAUDITED  
BALANCE SHEET**

	<b>March 31, 2016</b>	<b>June 30, 2015</b>
<b>ASSETS</b>		
Current Assets:		
Cash & Cash Equivalents	\$ 10,231,709	\$ 14,220,664
Investments - Current Portion		
Contractor Prepayments	60,000	
Receivables:		
State Hospital Bed Funds	603,377	23,834
Feasibility Study	13,281	14,953
Phase I Sustainability		618,597
Phase II Sustainability	527,403	
Application Fees		500
SDR Conference Registration Fees		116,378
Other	12,500	4,600
Interest	14,056	9,519
Total Current Assets	<u>11,462,326</u>	<u>15,009,044</u>
Noncurrent Assets:		
Investments		
Total Assets	<u>\$ 11,462,326</u>	<u>\$ 15,009,044</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ 959,971	\$ 4,365,602
Program Partner Holdbacks		116,339
Deferred Revenue	220,855	122,345
Total Current Liabilities	<u>1,180,826</u>	<u>4,604,287</u>
Net Assets:		
Operations	772,140	823,361
Obligated Funds Under Contract:		
International SDR Conference	(50,116)	(26,578)
Tech Asst/Capacity Building	203,272	203,448
WET Program Funding	148,470	148,470
Feasibility Study	209,534	259,566
SHB Program Funding	1,355,462	540,030
Wellness Center	715,158	
Suicide Prevention Hotline	252,548	
Community Response Plan	25,625	
PNWE	(116)	
Orange County	12,500	
Statewide PEI Project	6,637,022	8,456,460
Total Net Assets	<u>10,281,500</u>	<u>10,404,757</u>
Total Liabilities and Net Assets	<u>\$ 11,462,326</u>	<u>\$ 15,009,044</u>

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**

**UNAUDITED  
STATEMENT OF REVENUES, EXPENSES AND  
CHANGES IN NET ASSETS**

**For The Nine Months Ended March 31, 2016**

	<u>Operations</u>	<u>Strategic Programs</u>	<u>Statewide PEI Program</u>	<u>March 2016 Total</u>	<u>June 2015 Total</u>
<b>OPERATING REVENUES:</b>					
Program Funding Contributions		\$ 2,558,527	\$ 5,959,792	\$ 8,518,319	\$ 7,055,077
Conference Registration		(20,421)		(20,421)	(1,762)
Donations				-	40,000
Application Fee	\$ 250			250	-
Total Operating Revenue	<u>250</u>	<u>2,538,106</u>	<u>5,959,792</u>	<u>8,498,148</u>	<u>7,093,315</u>
<b>PROGRAM EXPENSES:</b>					
SDR Conference		3,117		3,117	393,241
Program Contract		650,994	5,996,630	6,647,624	24,321,839
Program Mgmt. & Oversight		93,305	1,366,720	1,460,025	1,032,495
Other Contract Services	6,051	35,391	42,120	83,562	253,052
Legal	15,274	907	-	16,181	21,496
Marketing	1,396			1,396	80,544
Meeting and Other	19,359	6,991	30,966	57,316	96,161
Total Program Expense	<u>42,080</u>	<u>790,705</u>	<u>7,436,436</u>	<u>8,269,221</u>	<u>26,198,828</u>
<b>INDIRECT EXPENSES:</b>					
General Management			241,805	241,805	1,040,424
Other Contract Services	19,920		12,830	32,750	28,891
Legal Services	11,382		5,342	16,724	53,762
Insurance			29,203	29,203	31,431
Investment Management Fees	289			289	37,098
Dissemination Materials			48,772	48,772	600
Meeting and Other	11,642		4,842	16,484	143,946
Total General And Administrative	<u>43,233</u>	<u>-</u>	<u>342,794</u>	<u>386,027</u>	<u>1,336,152</u>
Total Expenses	<u>85,313</u>	<u>790,705</u>	<u>7,779,230</u>	<u>8,655,248</u>	<u>27,534,980</u>
Income/(Loss) from Operations	(85,063)	1,747,401	(1,819,438)	(157,100)	(20,441,665)
<b>NONOPERATING INCOME:</b>					
Investment Income	39,094			39,094	261,113
Change in Investment Value	(5,252)			(5,252)	(169,640)
Total Nonoperating Income	<u>33,842</u>			<u>33,842</u>	<u>91,473</u>
Change in Net Assets	(51,221)	1,747,401	(1,819,438)	(123,257)	(20,350,192)
Beginning Net Assets	<u>823,361</u>	<u>1,124,936</u>	<u>8,456,460</u>	<u>10,404,757</u>	<u>30,754,949</u>
Ending Net Assets	<u>\$ 772,140</u>	<u>\$ 2,872,337</u>	<u>\$ 6,637,022</u>	<u>\$ 10,281,500</u>	<u>\$ 10,404,757</u>

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

**UNAUDITED  
STATEMENT OF REVENUES, EXPENSES AND  
CHANGES IN NET ASSETS**

For The Nine Months Ended March 31, 2016

	Strategic Programs									Total Strategic Programs	June 2015 Total	
	International SDR Conference	Tech Asst/ Capacity Building	WET Program	Feasibility Study	SHB Program	Wellness Center	Suicide Prevention Hotline	Community Response Plan	PNWE			Orange County
OPERATING REVENUES:												
Program Funding Contributions					\$ 889,385	\$ 1,000,000	\$ 627,642	\$ 29,000		\$ 12,500	\$ 2,558,527	\$ 436,179
Conference Registration	\$ (20,421)										(20,421)	326,663
Total Operating Revenue	(20,421)	-	-	-	889,385	1,000,000	627,642	29,000	-	12,500	2,538,106	762,842
PROGRAM EXPENSES:												
SDR Conference	3,117										3,117	393,241
Program Contract						275,900	375,094				650,994	35,533
Program Mgmt. & Oversight		176		18,128	66,201	8,800					93,305	81,224
Other Contract Services				31,900				3,375	116		35,391	8,658
Legal					907						907	5,735
Meeting and Other				4	6,845	142					6,991	7,026
Total Program Expense	3,117	176	-	50,032	73,953	284,842	375,094	3,375	116	-	790,705	531,417
Change in Net Assets	(23,538)	(176)	-	(50,032)	815,432	715,158	252,548	25,625	(116)	12,500	1,747,401	231,425
Beginning Net Assets	(26,578)	203,448	148,470	259,566	540,030	-	-	-	-	-	1,124,936	853,511
Ending Net Assets	\$ (50,116)	\$ 203,272	\$ 148,470	\$ 209,534	\$ 1,355,462	\$ 715,158	\$ 252,548	\$ 25,625	\$ (116)	\$ 12,500	\$ 2,872,337	\$ 1,084,936

**ADMINISTRATIVE MATTERS**  
**Agenda Item 5.A.**

**SUBJECT: Executive Committee / Finance Committee Election**

---

**ACTION FOR CONSIDERATION**

Approve recommended slate of officers, Executive Committee members representing the five CMHDA regions, and Finance Committee Members.

**EXECUTIVE COMMITTEE BACKGROUND AND STATUS**

On June 30, 2016, there are three (3) vacancies and eight (8) member terms for the regional representatives on the Executive Committee will end. The CalMHSA Bylaws state that the Board will elect, by majority vote, a new slate of officers and executive committee members at the last board meeting of the fiscal year.

The nominated slate of Officers and Executive Committee members is as follows:

Role	Member	Term Length	Term Start Date	Term End Date
President	Terence Rooney, Colusa County	2 years	7/1/2016	6/30/2018
<b>Vice President</b>	<b>Dawan Utecht, Fresno County</b>	<b>2 years</b>	<b>6/30/2015</b>	<b>6/30/2017</b>
<b>Secretary</b>	<b>Michael Kennedy, Sonoma County</b>	<b>2 years</b>	<b>6/30/2015</b>	<b>6/30/2017</b>
<b>Treasurer</b>	<b>William Walker, Kern County</b>	<b>annual<sup>1</sup></b>	<b>7/1/2016</b>	<b>6/30/2018</b>
<b>Past President</b>	<b>Maureen Bauman, Placer County</b>	<b>2 years</b>	<b>7/1/2016</b>	<b>6/30/2018</b>
<b>CMHDA At-Large Member<sup>2</sup></b>	<b>VACANT</b>	<b>1 year</b>	<b>7/1/2016</b>	<b>6/30/2017</b>
Bay Area Regional Representatives	<b>#1 Manuel Jimenez, Alameda County</b>	<b>2 years</b>	<b>6/30/2015</b>	<b>6/30/2017</b>
	<b>#2 William Carter, Napa County</b>	<b>2 years</b>	<b>7/1/2016</b>	<b>6/30/2018</b>
Central Regional Representatives	<b>#1 Rita Austin, Tuolumne County</b>	<b>2 years</b>	<b>6/30/2015</b>	<b>6/30/2017</b>
	<b>#2 Uma Zykofsky, Sacramento County</b>	<b>2 years</b>	<b>7/1/2016</b>	<b>6/30/2018</b>
Los Angeles Regional	<b>#1 Robin Kay, Los Angeles</b>	<b>2 years</b>	<b>12/31/2015</b>	<b>6/30/2017</b>

<sup>1</sup> Treasurer - To serve a two year term but be re-approved each year to represent the JPA on Investment decisions. Page 52 of 96

<sup>2</sup> CMHDA At-Large-Member per the December 12, 2013 Board approved Bylaw changes.

Representatives		<b>County</b>			
	#2	William Arroyo, Los Angeles County	2 years	7/1/2016	6/30/2018
Southern Regional Representatives	#1	<b>Alfredo Aguirre, San Diego County</b>	<b>2 years</b>	<b>7/1/2015</b>	<b>6/30/2017</b>
	#2	<b>Anne Robin, San Luis Obispo County</b>	<b>2 years</b>	<b>7/1/2016</b>	<b>6/30/2018</b>
Superior Regional Representatives	#1	<b>VACANT</b>	<b>2 years</b>	<b>6/30/2015</b>	<b>6/30/2017</b>
	#2	VACANT	2 years	7/1/2016	6/30/2018

**FINANCE COMMITTEE BACKGROUND AND STATUS**

On June 30, 2016, the Finance Committee had two (2) vacancies of the Finance Committee. The CalMHSA Bylaws state that committee members to be appointed by the Board President and approved by the Board of Directors.

The appointment of committee members is as follows:

<b>Position/Region</b>	<b>Nominee</b>	<b>Term</b>
Chair	William Walker, Napa County	July 1, 2016 – June 30, 2018 <sup>1</sup>
Bay Area	Michael Lucid, Sonoma County	July 1, 2015 – June 30, 2018
Central <sup>3</sup>	Dennis Koch, Madera County	July 1, 2015 – June 30, 2017
Los Angeles <sup>3</sup>	William Arroyo, Los Angeles County	July 1, 2015 – June 30, 2017
Superior <sup>3</sup>	Terrence Rooney, Colusa County	July 1, 2015 – June 30, 2017
Southern	Steve Steinberg, Riverside County	July 1, 2016 – June 30, 2018
Ex Officio	Maureen Bauman, Placer County	NA

**RECOMMENDATION:**

Approve recommended slate of officers, Executive Committee members representing the five CMHDA regions, and Finance Committee Members.

**TYPE OF VOTE REQUIRED**

Majority of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- None

<sup>3</sup> Per the bylaws, Section 6.3.4, ... Terms shall be two years, except that in order to create staggered terms, the initial terms of three regional members (Los Angeles, Central and Superior) shall be three years.

**ADMINISTRATIVE MATTERS**  
**Agenda Item 5.B.**

**SUBJECT: Annual Strategic Planning Session Report Out**

---

**ACTION FOR CONSIDERATION:**

Approve the Proposed Draft Strategic Plan.

**BACKGROUND AND STATUS:**

On Friday, April 15, 2016, CalMHSA held its annual Strategic Planning Session with 25 participating members. The purpose of a strategic planning session is for members to examine the previous years' goals, outcomes, setting new goals and providing direction to staff.

The focus this year was on examining, reaffirming and/or amending the vision for CalMHSA, which would foster support and commitment by the members. In addition, discussion regarding identification of long-term sustainable funding and setting realistic goals/priorities provided to counties.

Notes and draft strategic plan prepared by Facilitator, Lisa, Yates, ACS Quantum Strategies, are attached for your review. Upon board discussion and direction staff will develop an execution plan and present to agenda review committee.

**FISCAL IMPACT:**

None

**RECOMMENDATION:**

Approve the Proposed Draft Strategic Plan.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors

**REFERENCE MATERIAL(S) ATTACHED:**

- Draft Strategic Plan
- Notes from Strategic Planning Session

# Strategic Plan 2016



# Constructs for Success

## CalMHSA will be:

- Nimble
- The trusted “go-to resource” with a strong reputation of integrity and transparency
- Supported by a structure that includes research and development for new projects, that are diversified, targeted and regionally specific projects to benefit all sizes of counties and are unique to the regions
- Supported by a strong Board that reflects its evolved status and represents the right expertise and disciplines to guide the organization
- A balanced organization addressing behavioral health, rather than just mental health, and incorporates a broader, integrated approach.



# Action Plan

## A. MONEY – SUSTAINABILITY

ITEM No.	HIGH-LEVEL ACTIONS	TIMELINE	DESIRED OUTCOMES	PRIORITY RATING (A = short term, B= medium, C = long term)
1.	<ul style="list-style-type: none"> <li>• Develop a description and conduct an analysis of the base services and costs necessary for the JPA and implement a financial structure that considers:                             <ul style="list-style-type: none"> <li>▪ Projects should identify a requirement for additional funds from participating counties.</li> <li>▪ Annual fee structure for counties to take to their boards of supervisors.</li> <li>▪ Administrative fee to roll out projects.</li> </ul> </li> </ul>			A
2.	<ul style="list-style-type: none"> <li>• Request an audit of State Administrative Funds. Recommend a redistribution percentage of funds to CalMHSA for PEI Statewide Program sustainability.</li> </ul>	N/A	N/A	CBHDA to lead
3.	<ul style="list-style-type: none"> <li>• Have CalMHSA receive state off-the-top dollars.</li> </ul>			C
4.	<ul style="list-style-type: none"> <li>• Develop funding for five years at a time.</li> </ul>			B
5.	<ul style="list-style-type: none"> <li>• Develop a guide (<i>for Statewide PEI</i>) that describes the continued benefits for members and options for non-members to pay as go.</li> </ul>			A
6.	<ul style="list-style-type: none"> <li>• Address the issue of non-paying members and statewide projects that benefit all counties where all counties don't opt in, but still benefit, such as:                             <ul style="list-style-type: none"> <li>▪ Statewide PEI</li> <li>▪ State Hospital Beds</li> </ul> </li> </ul>			B

## B. COMMUNICATION/CALMHSA MEMBER RELATIONS

ITEM No.	HIGH-LEVEL ACTIONS	TIMELINE	DESIRED OUTCOMES	PRIORITY RATING (A = short term, B= medium, C = long term)
1.	<ul style="list-style-type: none"> <li>• For purposes of enhancing and providing support to the JPA, communicate effectively with counties to support identified projects.</li> </ul>			B
2.	<ul style="list-style-type: none"> <li>• Implement mentor buddies/coaches for new directors – county to county. Connect new directors with experienced directors to become aware of the benefits/value-added of CalMHSA.                             <ul style="list-style-type: none"> <li>▪ Develop a 3-5 page CalMHSA summary that coaches can talk from.</li> <li>▪ Increase member outreach.</li> </ul> </li> </ul>			B
3.	<ul style="list-style-type: none"> <li>• Re-assess the PEI programs to ensure a sound focus on State wideness.</li> </ul>			A
4.	<ul style="list-style-type: none"> <li>• Communicate upfront the benefit to paying member counties for each project/product.</li> </ul>			B
5.	<ul style="list-style-type: none"> <li>• Distribute monthly communications with highlights of projects with links to more detail.</li> </ul>			A
6.	<ul style="list-style-type: none"> <li>• Make it clear on all communication materials from CalMHSA that the JPA is working collectively on behalf of all counties.</li> </ul>			?

## C. ORGANIZATION STRUCTURE

ITEM No.	HIGH-LEVEL ACTIONS	TIMELINE	DESIRED OUTCOMES	PRIORITY RATING (A = short term, B= medium, C = long term)
1.	<ul style="list-style-type: none"> <li>Conduct a complete critical analysis of staffing and structure needed to operate the base JPA.</li> </ul>			A
2.	<ul style="list-style-type: none"> <li>Look at other JPA models to determine essential, baseline core staffing to sustain the JPA.</li> </ul>			C
3.	<ul style="list-style-type: none"> <li>Clarify mission to determine staff needs.</li> </ul>			Completed at SPS in April 2016. Remove?
4.	<ul style="list-style-type: none"> <li>Establish core JPA staffing to oversee contracts for projects.</li> </ul>			See chart A, item #1
5.	<ul style="list-style-type: none"> <li>Determine ongoing work for staff vs. oversight of projects/contracts.</li> </ul>			See chart A, item #1
6.	<ul style="list-style-type: none"> <li>Ensure projects are vetted by member counties.</li> </ul>			See chart B, item #4
7.	<ul style="list-style-type: none"> <li>Mission Statement - Review and update if deemed necessary (<i>see page 7</i>)</li> </ul>			B
8.	<ul style="list-style-type: none"> <li>Vision Statement – Review and update (<i>see page 8</i>)</li> </ul>			B

## **Mission Statement** *(Existing)*

**The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in:**

- **Development and implementation of common strategies and programs to improve Behavioral Health of Californians**
- **Fiscal integrity, protections, and management of Programs**
- **Accountability at state, regional, and local levels**

# Vision Statements

- Current:** CalMHSA serves California Counties and Cities in the dynamic delivery of mental health and supportive services. A nationally recognized leader, CalMHSA inspires the service community through its commitment to results and values. Successful statewide and regional programs enable the voice of many to be heard.
- Option A:** A robust JPA supported by county investments toward value-added projects and responding to multiple county needs by helping them work collectively, cost-effectively, efficiently and timely.
- Option B:** Promoting excellent mental wellness through the collective work of California's counties.

## D. FUTURE PROJECT MANAGEMENT AND IMPLEMENTATION

ITEM No.	HIGH-LEVEL ACTIONS	TIMELINE	DESIRED OUTCOMES	PRIORITY RATING (A = short term, B= medium, C = long term)
1.	<ul style="list-style-type: none"> <li>Develop a project-driven structure (on top of a base JPA) that has the flexibility to meet needs of counties that opt in.</li> </ul>			B
2.	<ul style="list-style-type: none"> <li>Continue flexibility for regional/special projects. Emphasize similarities, where possible, to be strength-based around state wideness.</li> </ul>			B
3.	<ul style="list-style-type: none"> <li>Expand projects to include all possible options.</li> </ul>			B
4.	<ul style="list-style-type: none"> <li>Tailor projects to respond to the distinctiveness of the counties' cultures.</li> </ul>			B

**Note:** This chart refers to future projects, not current projects such as Fiscal Modernization, State Hospitals, etc.



# CaIMHSA STRATEGIC PLANNING SESSION

**APRIL 15, 2016**

## **WELCOME, Maureen Bauman, CaIMHSA President**

- Based on decisions made at yesterday's meeting at CBHDA, we will focus on establishing a clear vision today.
- The prevention work we do is so important and will make a difference. We're in the beginning of prevention activity. It's exciting to think about the true impact of it going into the future.

## **OPEN BOARD MEETING**

- Reviewed public comment procedures.

### **Program Matters:**

- State hospital bed update:
  - Held a Hospital Committee meeting last week. We focused on the renewal of the MOU and questions and comments. There are concerns among counties about getting bed access and the reasons for trouble in getting access. LA County's average wait time for beds has significantly increased (refer to Board packet). We presented the information to the department. The Hospital Committee arranged for a two-year MOU ending this June 30. Satisfied with moving forward status quo and not changing the bed rates. We met with the department last Friday. There has been quite a turnover of department staff. We had a positive meeting. Indicated they want to review rates, but opening the MOU and having a new one by July 1 was unlikely. They are prepared to extend the MOU for one year – we suggested two years. They agreed. We propose going forward with an amendment of the existing MOU to extend it for two years. The department doesn't see access to beds the same as the counties do. We have agreed to set up a sub-committee of department and county personnel – meetings will happen every other month on a day to be determined.
  - Are there any board members who would like to discuss this or have a concern about extending the MOU for two years? No response.
  - We've been able to negotiate and sustain no rate increases for six years.
  - That's very significant.
- Alternative state hospital beds. LA County is in favor of it. Looked at a site. LA determined they are not in a position to go forward with it. Working with Correct Care in Riverside County...identified potential sites. We engaged Steve in Riverside County. If the conversation is positive, we will schedule site visits. Have had conversations with other counties about potential sites. Please let us know if your county is interested in sites.
  - Have you had conversations about using state land for potential sites.
  - We have had the conversation internally – think going to county land is more advantageous; however, it is on our list going forward.
- Update on participation and payments – if your name is on the list for not turning your payment for invoice in, please contact us.
  - What do the asterisks next to some of the counties mean?
  - Those who have not signed a participation agreement.
- Motion Made by Mary to approve the consent agenda.
- Seconded by Terry



- Consent agenda unanimously approved

## **OVERVIEW OF THE DAY**

### **DESIRED OUTCOMES**

- Examine, reaffirm or amend the vision and share with larger membership.
- Acceptance and commitment to CalMHSA's vision and to garnering support at county level.
- A short-term and long-term (five years) sustainability plan or what needs to be done to develop a sustainability plan.
- Concrete and realistic goals/priorities and deliverables provided to counties, including projects they can participate in or help lead.
- Identification of a long-term strategy for sustainable funding, including for PEI as well as research and development.
- Accomplish the funding mechanism. Be forthcoming to directors on how moving forward and the benefits and deliverables of the money. Commitment to make successful contractors whole (NAMI).
- Buy-in and follow-through after leaving the meeting.
- Commitment for more regular meetings/information disseminated to counties.
- Determine CalMHSA's leadership for the next three to five years.
- Focus, focus, focus for both discussion and determining outcomes.

Call your attention to the top four...to have an agreed-up vision going forward and develop some strategic goals with follow-through. Focus was a big theme.

### **CONCERNS**

- Lack of prioritization and follow-through.
- Level of participation given it's the third day of meetings.
- FOCUS! Will get into the weeds – won't keep focused on high-level priorities.
- Size of group – break-out groups are better.
- Will be confronted with "that's the way we've always done it."
- By the time of the meeting, will still be in limbo and won't have an action plan we can operationalize.
- Won't have authentic and deep conversations to think more broadly about issues.
- Lofty ideas or unachievable goals – won't be very productive.
- Keeping people engaged.
- Will gain commitment in the form of an "aye" vote, but won't see the same action/commitment leaving the meeting.
- No concerns.

Focus, achievable goals and follow-through were top concerns.

## **STATE OF THE STATE – YEAR IN REVIEW, Wayne Clark, CalMHSA Executive Director**

### **HISTORICAL OVERVIEW AND TODAY**

- A year ago, CalMHSA decided to hire a new executive director. I was selected.
- We've also had a different CBHDA executive director and excitement about PEI.
- We initiated a Short-Doyle modification.
- We picked up Plumas County to help them with their problems.
- We set up the Central valley suicide-prevention line with Fresno as the hub.
- We are assisting small counties with drug-Medi-Cal.
- We are taking executive committee members from CalMHSA, CBHDA and CIBHS to improve collaboration, minimize duplication and be clear about what each entity does.

- We're looking at having dues for CalMHSA. We went to the distribution formula.
- There are two central visions for CalMHSA:
  - Statewide PEI initially, which has been fantastically developed with the stigma-reduction campaign (refer to press release and flyer). Returns on investment are impressive. We have done that with student mental health – it changes the graduation rates and economic developments in their personal lives, reduces suicides and saves tremendous amounts of funds. We're showing we're saving lives and positively impacting the economy. Hear from kids in schools and universities about how stigma is changing. The public health approach is not about what can be done in one year...it's about what happens over several years. The flagship PEI is important to us.
  - The other vision is to help counties act jointly. We are a vehicle for that. Talked about helping several contract agencies to work as one. We did this with the Central Valley helpline. Dennis is our poster child to "don't just say no – say maybe."
- CalMHSA is at a tipping point with various projects we're being asked to provide, but the projects need resources. Not having a hard-wired substantial funding source for statewide PEI is a challenge. There are concerns at the local level that if we don't do it this year, we're missing an opportunity. There are funds out there.
- We did a lot of work with LA on the state hospitals and are now looking at Riverside and other communities. There is a point when the crisis of access is so great that something needs to be done.
- On drug Medi-Cal, we agreed to participate on a regional program – it will be a challenge – a heavy lift.
- Financial modernization – data shows something needs to be done. We're putting 20 percent of our funds at risk.
- These tipping points need your vision and input to the Board to take direction.
- Another major accomplishment last year was that we elected a strong set of officers: President Maureen Bauman, Vice President Terence Rooney, Secretary Michael Kennedy and Treasurer Dawan Utecht. We also have a regional set of executive committee members. We need someone from the Bay Area and others to keep things moving. Your participation is important to us.

## **LOOKING FORWARD: VISIONING FOR CalMHSA**

### **CONSOLIDATED PREFERRED VISION**

- CalMHSA is a robust organization supported by the sustainable PEI funding stream and proactively identifies value-added projects and responds to multiple county needs to help them work collectively, cost-effectively, efficiently and timely. To do this, CalMHSA:
  - Is nimble in working with counties to accomplish projects sooner than they could do so independently.
  - Is the trusted "go-to resource" with a strong reputation of integrity and acts transparently under the guidance of the Brown Act. The first name that comes to minds when counties need help/assistance for implementation of and/or resources for projects.
  - Is supported by a structure that includes research and development for new projects (including individual projects) and a strong Board that is reflective of its evolved status and represents the right expertise and disciplines to guide the organization.
  - Is a more balanced organization with behavioral health, rather than just mental health, and incorporates a broader, integrated approach that is more comprehensive with healthcare substance abuse.
  - Embraces diversified, targeted, more regionally specific projects that benefit all sizes of counties and are unique to the regions. Customizes and promotes statewide projects into more meaningful projects based on populations served and broad audiences (culturally specific – especially for the underserved and hard-to-serve populations).

- Maintains a portfolio of activities such as PEI, state hospital alternatives, financial modernization, regional crisis hotline, drug Medi-Cal, statewide suicide prevention, student mental health issues and stigma reduction, etc.

## **CALMHSA'S VISION REPORT-OUT/DISCUSSION**

**Is this the CalMHSA of your dreams that would have the impact you most desire five years from today? What are some of the major differences between now and the future you've created for CalMHSA? What's the impact for counties? Does the group have consensus on the consolidated vision statement?**

### **GROUP A**

- To be around, stable and robust.
- Provides collective action we otherwise don't have as individual counties; a county extender for solicitation and common initiatives for mental health first aid, for things counties couldn't do alone and things in counties that take forever (CalMHSA has systems in place that don't take forever). Not one county on its own.
- The administrative arm for regional projects. Fiscal alternatives.
- Changing social norms and attitude changes county by county won't work; see a vision for the state. Anything collaborative with mental health first aid.
- Alternative to county processes; counties are short-staffed. Absurd to have a county-by-county stigma campaign – important to have one campaign. Consistency throughout the state is very important. Counties are not consistent...58 are too divergent.
- Nimble on issues (stigma reduction) – room for everyone. Faster, better, smarter makes a lot of sense – want to see CalMHSA do that. Counties can't do it on their own. Common, statewide voice that is protective of all interests. Safety net.
- CalMHSA – liaison with counties. Responsiveness. Customized.
- All counties don't know the full range of what other counties and CalMHSA can do. Need a system to help counties understand that...joint ventures, statewide consistencies.
- Counties need to put money where their mouths are. Show local systems how collaboration can assist. Green ribbon is a conversation starter.
- CalMHSA has built trust and can continue to do so.
- Show counties how other counties benefit...see what other counties are doing. CalMHSA collectively has that available.
- The website has too much information...it is hard to get to – need to improve it.
- Think about an administrative fee schedule for new programs...CalMHSA would say what they would cost.
- CalMHSA would be an administrative service organization.
- Need to be more assertive in getting new directors briefed about CalMHSA...a brief, bulleted letter on here is what CalMHSA does and what it can do for you. Training on advocacy.
- It's the issue of getting through the local system and working with CalMHSA. Help them see CalMHSA has an administrative base that is firm enough to develop projects.
- Invited late to congregate care reform – any way CalMHSA can help?
- We had consensus around the shared vision. Represents CalMHSA pretty well.
- Need to make a shift from statewide PEI to all the other things while maintaining PEI elements – shift and show counties the other benefits of CalMHSA. Make the shift to balance it – not just PEI, it's also the administrative side.

### **GROUP B**

- This vision didn't work for us. It's more of a mission statement.
- Came up with: Counties working collectively to promote excellent behavioral health in California.

- Conceptually agree with the visions, but they're too specific. Take out PEI – take out references to specific programs.
- There's a lot of value in the organization. Feel there is a disconnect with where we are with the financial insecurity.
- Disconnect between what counties want and what they are doing.
- There's also a disconnect with not having a quorum and resources.
- Weren't sure if these were values or to-dos on moving forward. Agreed with lots of the concepts but had opinions about evolving them in terms of the actual words.
- We debated changing the name – didn't have agreement on it.
- Talked about educating CalMHSA's members – we have a lot of turnover...need to educate members on what the organization does and how it differs from CBHDA and CIBHS.
- Talked about local counties – we have 58 different political situations. There are limitations because of the political processes...this is some of our reality – creates a disconnect on how we are getting there.
- The work CalMHSA has done is excellent
- We heard suggestions about doing the Governing Board differently – have it include all members. Make sure it represents all counties.
- Agreed with the direction but had some angst about some disconnects.
- Are both groups in alignment?
  - Think it's terminology. We're weren't looking at them as vision statements – we were looking at them conceptually. Looked at what we should look like – the elements in the future and the goals. Didn't talk about it as a statement – talked about them as elements and roles.
  - We talked about getting to reality. If we contribute \$5 million, we have to figure that out. Agree we would have multiple funding streams. Talked about research and development – that is a current challenge.

## **GROUP C**

- We took out PEI funding. Took out CalMHSA and said California Behavioral Health Systems to change the focus.
- Had consensus that with all the changes, that CalMHSA is not the construction of our dreams. Felt we need a lot of changes.
- Had consensus on a stigma-reduction statewide project. It's really valuable.
- Need to work on projects that are important to us that we would want the JPA to do – projects we can't do ourselves.
- Talked about analysis of the whole structure as far as staffing and funding. Take a closer look at what we want done and how we staff it.
- We talked about the funding structures.
- Talked about how CalMHSA has changed – first several years, it was about project implementation and getting things in place. That has shifted. Need to take a hard look at what we want/need it to do.
- If not PEI sustainable funding, where does funding come from?
  - From those projects you need the JPA to do. Funding would come from the project. JPAs are unique and necessary for certain projects.
- The initial vision statement was that CalMHSA would be a robust JPA supported by county investments toward value-added projects – don't lose the importance of PEI – it's part of our portfolio. Work on the initial paragraph.
- We had consensus on the issue that when we do projects, not everyone kicks in. We need a mechanism for everyone to put in money on a project. There are instances where counties get the benefit and aren't contributing. Need everyone to contribute on statewide projects.
- Not easy to say, when talking about sustainability, is it the current infrastructure or the ability to have a JPA? Don't know about total staffing or projects, but could we get a project for stigma

reduction that is about sustainability that might be different than projects we have today and that costs less. If we have five staff, do we need an executive director and four full-time staff or something in between? Sustainability becomes more about bringing on projects when you need them. It's like having a budget discussion and staff you're cutting is sitting in the room. People sometimes vote yes but don't follow through. That's part of the issue.

## DISCUSSION/COMMENTS

- We've talked about the disconnect between what we want and are willing to spend. Need to reconcile that and create a structure to move on with the process.
- Once we define the "it," we can define how "it" plays out. Find out what the vision is – then look at what can be done and whether we might need more staff. Defining the vision and where we want to go in five years is critical first.
- If the vision is what you heard, do you agree structurally that if we move in that way, we have to examine the structure/governance of this organization.
  - Yes, examining the structure is a good thing.
- This is a JPA. We have CBHDA as the overarching organization. Keep that in mind. The JPA has a set purpose.
- Appreciate that people are putting their cards on the table. People have been cautious about what they've committed to and discussed openly. This is a trust process, and you have to earn that trust. Everything deserves examination...everything should be out in the open, and people should say what they think. Don't think we've even scratched the surface of what the JPA can be doing for us. The structure and staffing are what we should be talking about.
- We have had several meetings and talked about administrative fees. We need to say what is our structural base to have in place to add onto. We are business managers in a government world. Agree we need to determine staffing and how flexible the JPA will be to add consultants. The shift from having to spend millions of dollars to get statewide projects done was where we needed to be. Now we need to look at what we need for induction and maintenance. We don't know all that we need yet, but we need to get there.
- Talked about zero-based budgeting. When you say be nimble, you need resources – there has to be a base. For project-by-project, it is difficult to get folks organized. There is some base resources and nimble resources equation that needs to be made.
- Think it's time to examine the whole thing. We weren't CBHDA when we implemented this. We're all changing with all the changes. All of us have been morphing, including CIBHS. It's a new day after implementing the JPA statewide project. We need to examine everything closely and look at the structure – need something sustainable, but it may not look like it does now.
- CalMHSA got caught up with the MHSA change period – the identify got caught up with PEI implementation. On the original push to get a JPA, the selling point for me was the collective action power and bargaining power to exercise our power as counties. On the state hospital issue, we've never made a dent with them for years – having a collective position is a good example. We got caught up with MHSA and PEI. We're in a very different period and need to go back to the original reason – exercise a bargaining position to do specific things – it has to be our starting point for the next five years on how we want to fund and act. We're not good at talking to DHCS individually. Now we have four or five initiatives on which we have to act collectively.
- **Alfredo's Group's Vision:** CalMHSA (name may change – perhaps CalBHS) is a robust JPA supported by county investments toward value-added projects and responds to multiple county needs to help them work collectively, cost-effectively, efficiently and timely. (Continue with the "To do this statements.")
- Can you conceptually agree with this?
  - It does not capture the end we have in mind. Needs to say something about the outcomes we're trying to accomplish.
  - Hearing we need to get away from the statewide PEI. Vision statements are broad.
  - The statement doesn't say what we do.

- It's a vision statement – elaborate and get into the specifics.
  - It doesn't mention behavioral health.
  - If we rename CalMHSA, it will (we' more than that). Talked about California Behavioral Health Authority.
- **Maureen's Group's Vision:** Counties working collectively to promote excellent behavioral health in California.
  - That can get integrated with Alfredo's group's vision.
  - What got integrated was the piece about sustainability and supported by. Take out the PEI specific language.
  - Can you conceptually agree if the statements are merged and wordsmithed? We have been having this conversation for a while – we've got to move.
    - Yes. Wouldn't it be nice to have the JPA at the Department of Social Services? Feel we're getting bullied a bit. If we had a collective voice at that table, it would be helpful.
    - If we're being bullied, seems the association should be there...not a JPA. There should not be a different voice from the JPA and the association.
    - Advocate that sustainability stays in – can take out PEI – just a sustainable stream of funding. That is part of our problem now.
  - Are we clearly stating the activities of a JPA are appreciated? Are we saying abandoning PEI?
    - No. It needs to go into maintenance but doesn't need to be our lead – it's still a part of statewideness. Need to restate that the JPA can be much more than statewide PEI even though we don't want to lose it. It's a rebalancing of the statement, not a loss of any one thing.
    - All agree.
  - Sounds as if there is consensus on the following (granted the statement needs to change): it won't be specific to PEI, will have a behavioral health focus rather than MHSA, a collective voice and focused on value-added projects and associated funding. Heard value is what drives participation. Structure and focus need to be examined – we're different today than when we started.

## **ADDRESSING KEY PROBLEMS TO ACHIEVE THE VISION**

### **FOUR CHALLENGES TO SOLVE TO ACHIEVE THE VISION**

- **Money – Sustainability**
- **Communication/CalMHSA Member Relations**
- **Organizational Structure**
- **Differences in Counties and Geography**

### **Directions to Break-Out Groups**

- We have general consensus for starting. We have had this conversation for a while; we need to make a plan and move forward.
- Keep in the mind the visions described by Alfredo's and Maureen's groups.
- Based on what you heard today, brainstorm what CalMHSA needs to do to mitigate/address the challenges and identify high-level actions.
- Heard there needs to be a base. Talk about what that base looks like and how to fund the ongoing projects.
- We have projects right now. If we want the organization to take on new projects, we need to look at resources.

## **RESOURCES AND PEOPLE'S TALENT NEEDED TO ACCOMPLISH THE VISION**

### **FUNDING/MONEY**

- Funding.
- To expand projects; help with staffing; travel to regularly visit counties.

- To market and promote the benefit of CalMHSA to counties.
- Solid county support for a funding source.

### **STAFFING**

- Experts in the field, including financial, information and technology, communication, clinical, grant development and administrative.
- Content/county experts and mental health experienced individuals.
- Flexible, creative staff with the right skillsets to achieve the vision and communicate the value of CalMHSA.
- Accordion-like capabilities for shrinking and growing in the near future to get more sustainable in the long term.
- Consultants like Harbage.
- Lobbyist for purposes disassociated with CBHDA.
- Staff time to participate at the CBHDA committee level to identify problems that could be solved by CalMHSA.

### **MISCELLANEOUS**

- Vision on how to help counties.
- Leadership – more balance on the board.
- Alignment of CBHDA and CalMHSA.
- We have the leadership in place, but we don't have the funds to get more balance on the board.

## **CHALLENGES NEEDING TO BE SOLVED TO ACHIEVE THE VISION**

### **MONEY – SUSTAINABILITY**

- Money – secure stable/sustainable funding to achieve the long-term vision.
- Sustainability of the statewide PEI.

#### **High-Level Actions:**

- Need description of base services and costs necessary for JPA...an analysis.
- Initial costs to come out of current project financing – 1 percent off the top.
- Request audit of State Administrative Funds. Recommend a redistribution percentage of funds to CalMHSA for just PEI sustainability.
- Have CalMHSA receive state off-the-top dollars.
- Sustain five years at a time.
- Consider ITT as a source of funding.
- Emphasize increased benefits for members and options for non-members to pay as go.
- Local politics may impact county funding contributions.
- Implement dues structure to sustain base/core JPA infrastructure.
  - Projects would require additional money from participating counties.
  - Incorporate into an annual fee structure for counties to take to their boards of supervisors.
  - Consider an administrative fee for projects to roll them out.
- Address the issue of non-paying members.
- Address the issue of statewide projects that benefit all counties where all counties don't opt in but still benefit.

### **COMMUNICATION/CalMHSA MEMBER RELATIONS**

- Educating different organizations about CalMHSA's work done on a statewide basis.
- Maintaining positive CalMHSA member relations – making services known and accessible in light of turnover and busy schedules.

#### **High-Level Actions:**

- Communicate effectively with counties in a manner that promotes support for base JPA.
- Communicate effectively with counties in a manner that promotes support for identified projects.
- Develop a brief information sheet for new members to introduce them to CalMHSA.
- Increase outreach.
- Implement mentor buddies/coaches for new directors – county to county. Hook up new directors with experienced directors to learn the delights/value-added of CalMHSA.
- Tease apart PEI projects for JPA.
- Communicate upfront the benefit to paying member counties for each project/product.
- Monthly communications for with highlights on projects with links to more detail (include clarity that the JPA is working collectively on behalf of counties). Branding is important!!! Behavioral health JPA.

## **ORGANIZATION STRUCTURE**

- Retaining staff expertise; flexible and fluid staff and structure.
- Increasing leadership savvy/business acumen needed to run a JPA like CalMHSA and make tough decisions.

### **High-Level Actions:**

- Full critical analysis of staffing and structure necessary to operate the base of the JPA.
- Project must be defined, ongoing, by member counties.
- Clarify mission to determine staff needs.
- Look at other JPA models to determine essential, base-line core staffing to sustain the JPA.
- Share current JPA staffing and associated costs.
- Establish core JPA staffing to oversee contracts for projects.
- Determine ongoing work for staff vs. oversight of projects/contracts.

## **DIFFERENCES IN COUNTIES AND GEOGRAPHY**

- Varying purchasing power of small versus large counties.
- Distinct cultures of counties make it difficult for “one size fits all” – can be a barrier to statewide application.

### **High-Level Actions:**

- A project-driven structure (on top of a base JPA) will have flexibility to meet needs of counties that opt in.
- Continue flexibility for regional/special projects. Emphasize similarities, where possible, to be strength-based around statewideness
- Don't forget the cities.
- Expand to general view of prevention.
- It's all about the base.
- Recognize that smaller counties may not feel/see the benefit of media buys, etc.
- Reframe thinking about distinct county cultures to see value and tailor within projects to respond to county culture.

## **DISCUSSION/COMMENTS**

- Did you have a conversation on what the base would look like?
- Want staff to come back with recommendations on what that base would be.
- Excess capitation dollars – which are excess?
- Managed care plans have money they seem to be using for projects. That money could possibly come to a joint project. Seems to be excess funds in managed care to do special projects.
- Our group brought up branding and another group brought up changing the name to reflect behavioral health more. Talked about pros and cons of changing the name. The JPA needs to be recognized as a collective effort from county behavioral health.
- Include a byline on messages/communication: JPA funded (collectively county funded).



- Did staff get some direction?
  - Yes. A lot of what we heard is what we hoped to do. Look at the base and how to manage it. Having statewideness yet directly related to counties.
  - There were a lot of good ideas – look forward to reading them in the notes. Some are very related and applicable. Heard project oriented, zero-based budgeting with transparency. Directives are pretty clear to me.
- Relative to the comment on looking at state agencies that receive MHSA dollars, that should probably go to CBHDA to determine whether it's an action that they want to move forward on.
- Transparency – there's still some distilling that needs to be done around staffing and fees. It would be helpful to have a new, very summarized and clear budget statement of staffing and organizational costs for those not in the room.
- On the last point, it's our distinct cultures that are seen more in the negative. We could turn that on its head. The JPA is trying to get us to do things collectively – we shouldn't see our differences as barriers. Make our differences our strengths.

### **SUMMARY FOR STAFF**

- Develop a cohesive vision statement.
- Drive the strategic plan development in conjunction with working with the officers and the Finance Committee.
- Work with CBHDA to schedule a meeting in May.
- Come back to the Board in June.

### **WRAP-UP (Maureen Bauman)**

- Thank you all for coming today. Felt interesting that there were a lot of similarities between the groups. We seem to be moving in the same direction.
- We needed the input to make needed adjustments.
- This is your JPA. Thank you for being candid and open. This was an opportunity to show our cards and how we can work together in the future...to continue working on ways that benefit all counties.

**FINANCIAL MATTERS**  
**Agenda Item 6.A.**

**SUBJECT: CalMHSA Annual Revenue and Expenditure Report – Proposed Budget  
June 30, 2017**

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**ACTION FOR CONSIDERATION:**

At the May Finance Committee Meeting they recommended approval of the CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2017.

**BACKGROUND AND STATUS:**

The CalMHSA Bylaws provide for a fiscal year of July 1 to June 30, and require the Board of Directors to adopt the annual budget by July 1 of the new fiscal year. The draft budget is to be presented to the Board at least 45 days prior. (Bylaws, §§ 4.1.3, 8.1, and 9.1.) The proposed budget was distributed May 17, 2016.

Dawan Utecht, CalMHSA Finance Committee Chair, will provide an overview of the Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2017.

In early years, CalMHSA had the luxury of receiving a significant sum of funding up front. CalMHSA benefitted from this strong cash flow and added to our funding with investment income. With today's funding based on annual contributions, the timeliness of receiving funds will be critical to CalMHSA and its programs.

This budget does not include any provision for potential revenue sources, which are being discussed and is based on projects available funding.

**RECOMMENDATION:**

At the May Finance Committee Meeting they recommended approval of the CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2017.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors.

**REFERENCE MATERIALS ATTACHED:**

- CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2017

# Annual Revenue and Expenditure Report – Proposed Budget June 30, 2017



- Budget Narrative & Notes
- Proposed Budget – June 30, 2017

## **Budget Narrative & Notes**

### **Budget Background Notes – Executive Director**

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CalMHSA Board members directed staff to prepare the Fiscal Year 2016-2017 budget to reflect CalMHSA continued operations at its lowest level without causing CalMHSA to shut down. Revenue projections are based upon current estimate of funds to be received and program administrative requirements are based on size and source of funds expected for each revenue stream. Staff have developed a bare bones budget, considering the minimal levels of staffing necessary, as compared to the level of effort to meet members' expectations and strategic plans as expressed at the planning session. Members were quite clear CalMHSA should continue to be a "go to" organization, with a foundational base of funding which allows CalMHSA to be able to respond to new requests while meeting current obligations. With that direction, staff is presenting a living and breathing organization budget that has sufficient back office support and front office knowledge to be responsive, and sustain current and future CalMHSA programs. We have reduced the program support and trimmed administrative expenses by one FTE. While this may appear small, it is significant since most of CalMHSA program staff are not solely dedicated to one project and funding stream. For instance, the Plumas county project requires the effort of several staff but nobody devoted full time, keeping a foundational base means we cut portions of staff allocated efforts from say .20 to .10, which can accumulate to the FTE reductions presented here. Another key element in our budgeting is the efficiency derived from our partnership with George Hills where most administrative (human resources, information technology, and fiscal) staff are shared, so when cutting portions of an accountants time we can have these employee work on other George Hills contracts.

#### **A. Budget Assumptions and Criteria Applied**

1. This budget has been compiled based on the minimum program and administration needed to run the organization and manage the activities requested. This was determined through an FTE analysis.
2. Efficiency recognized for job sharing of CalMHSA staff with other George Hills Contracts. CalMHSA has 6 Full time dedicated staff and an additional 4.9 positions are shared between CalMHSA and other George Hills contracts.
3. Managing the programs requested and building in the member's expectations of having the staff expertise to research potential projects for CalMHSA.
4. Member relations is critical and recognizing that the membership is large/vast/varying and evolving, and requires staff resources to succeed in this relationship.
5. Effort in working with associated agencies CBHDA, CIBHS, OAC, and DHCS.
6. Compliance with statutory requirements of the MHSA, government code, JPA Agreement, and Bylaws.
7. Resources for Fund Raising to continue with the work we do to break down the stigma and connect people to mental health support.
8. Meeting member's request in CalMHSA being efficient to assist in regional or joint member projects.
9. The budget attempts to acknowledge slow payment, reduced contracts, and noncontributing members.
10. Base staffing for research and development.

**B. Revenue**

	Total
Letters of Acknowledgement Contributions	\$6,000,000
Statewide Hospital Beds	\$652,252
Suicide Prevention – Regional Programs	\$6,625,000
Other Contracts	\$38,940
Total estimated deposits as of June 30, 2017	<u>\$13,316,192</u>

1. Letters of Acknowledgement Contributions FY 16-17 – Letters of Acknowledgement of \$6 million were received in prior fiscal year and the same level of contribution has been estimated for the current year. The target set four years ago of 4%-7% is \$10.4 million – \$18.2 million. 1% would have been \$2.6 million.
2. State Hospital Bed contributions are based on the participation agreements of counties in the program.
3. Contributions by Counties for Regional Suicide prevention activities and other statewide projects. Revenue of \$1,937,000 has been allocated to prevention statewide activities.

**C. Expenditures**

**Program Service Expenditures**

Program Partners and Program Contracts	\$11,365,500
Program Management and Oversight	1,874,995
Program Legal Expenses	10,500
Program Travel & Meetings	<u>10,000</u>
	<u>\$13,260,995</u>

TTACB, State Hospital Beds, and Feasibility Study Program Expenses have been estimated by participation agreements.

**General and Administrative Expenses**

1. General and Administrative Staffing – Staffing services to manage the general and fiscal operations of CalMHSA.
2. Legal Expenses – CalMHSA has retained legal services to provide counsel to the board and support of the governing documents and contracts.
3. Travel and Meeting Expenses – CalMHSA is governed by a Board of Directors and has established standing committees and must comply with the Brown Act to conduct public meetings for JPA business.
4. Other Contracts – CalMHSA has entered into contracts for general information dissemination and information technology.
5. Insurance – CalMHSA procures its general liability insurance from CSAC-EIA on a policy term of July 1 to June 30.

**D. Additional Budget Notes**

1. Staff has not included budget estimates for the following current prospective activities the Executive Director is engaged in:
  - a. Grants
  - b. County Contracts
  - c. Foundations
  - d. State Funding
  - e. Private Funding
  
2. The budget variables in the document are:
  - a. Available Cash – County Commitments versus collections and timing thereof
  - b. Or new prospective activities and programs
  - c. Funds Available to contract with Program Partners
  - d. Potential Financial costs for delay in cash collections

**California Mental Health Services Authority  
Annual Revenue and Expenditure Report - Proposed Budget  
June 30, 2017**

	Approved Budget 2015/16	Current Year 2015/16 Projected Actuals	Proposed Budget 2016/2017
<b>Revenue to CalMHSA 2016/2017</b>			
<b>County Contributions</b>			
Letters of Acknowledgement	4,820,775	5,966,399	6,000,000
State Hospital Beds	438,642	889,385	652,252
Suicide Prevention - Regional Programs		627,642	6,625,000
Plumas County Wellness	1,000,000	1,000,000	
<b>Other Contracts</b>		29,000	38,940
<b>Admin Fees</b>		250	
<b>Total Revenue to CalMHSA</b>	<b>6,259,417</b>	<b>8,512,676</b>	<b>13,316,192</b>
<b>Expenditures</b>			
<b>Total Program Expenditure</b>	8,724,737	13,734,098	13,260,995
WET Program Expenditures			148,470
TTACB Contract	120,000	500	140,000
State Hospital Beds	438,422	100,000	438,422
Feasibility Study	210,527	60,000	-
<b>Total Program Services Expenditures</b>	<b>9,493,686</b>	<b>13,894,598</b>	<b>13,987,887</b>
<b>General And Administration</b>			
General & Administration Staffing	322,407	322,405	305,510
Legal	21,500	22,000	10,000
Travel & Meetings	17,000	26,000	20,000
Other Contracts	102,000	68,000	
Insurance	35,000	29,203	30,000
Financial Audit	25,000	15,000	15,000
<b>Total General And Administration Expenditures</b>	<b>522,907</b>	<b>482,608</b>	<b>380,510</b>
<b>Total Expenditures</b>	<b>10,016,593</b>	<b>14,377,206</b>	<b>14,368,397</b>
Net Increase/(Decrease) Unexpended Funds	(3,757,176)	(5,864,530)	(1,052,205)
Total Obligated Funds Carried Over from Prior Fiscal Years	6,478,561	8,600,000	2,735,470
<b>Projected Reserves at the Fiscal Year Ended June 30, 2017</b>	<b>2,721,385</b>	<b>2,735,470</b>	<b>1,683,265</b>

California Mental Health Services Authority  
Annual Revenue and Expenditure Report - Proposed Budget  
June 30, 2017

	Operations	Research and Development	Tech Asst/Capacity Building	Wet Program Funding	Feasibility Study Funding	State Hospital Bed Funding	Plumas Wellnes Center	Suicide Prevention - Regional Program	PEI Programs	Drug Medical	Total
<b>Revenue to CalMHSA 2016/2017</b>	-		-	-	-				-		-
County Contributions						652,252		6,625,000	6,000,000		13,277,252
Funds provided for PEI								(1,937,000)	1,937,000		-
Admin Fees										38,940	38,940
<b>Total Revenue to CalMHSA 2016/17</b>	-	-	-	-	-	652,252	-	4,688,000	7,937,000	38,940	13,316,192
<b>Expenditures</b>											
<b>Program Services Expenditures</b>											
<b>PEI Statewide Program Services</b>											
Program Contracts					36,500		425,000	3,915,000	6,989,000	-	11,365,500
Program Management & Oversight Staffing	537,139	171,725	49,920	-	89,856	175,718	63,898	199,680	557,107	29,952	1,874,995
<b>Subtotal Program Services</b>	<b>537,139</b>	<b>171,725</b>	<b>49,920</b>	<b>-</b>	<b>126,356</b>	<b>175,718</b>	<b>488,898</b>	<b>4,114,680</b>	<b>7,546,107</b>	<b>29,952</b>	<b>13,240,495</b>
Other Contracts											
Legal					500	5,000			5,000		10,500
Evaluation											-
Travel & Meetings						5,000			2,000	3,000	10,000
<b>Total Program Expenditure</b>	<b>537,139</b>	<b>171,725</b>	<b>49,920</b>	<b>-</b>	<b>126,856</b>	<b>185,718</b>	<b>488,898</b>	<b>4,114,680</b>	<b>7,553,107</b>	<b>32,952</b>	<b>13,260,995</b>
WET Program Expenditures				148,470							148,470
TFACB Contract			140,000								140,000
State Hospital Beds						438,422					438,422
Feasibility Study											-
<b>Total Program Services Expenditures</b>	<b>537,139</b>	<b>171,725</b>	<b>189,920</b>	<b>148,470</b>	<b>126,856</b>	<b>624,140</b>	<b>488,898</b>	<b>4,114,680</b>	<b>7,553,107</b>	<b>32,952</b>	<b>13,987,887</b>
<b>General And Administrative Expenses</b>											
General & Administrative Staffing	87,521	27,981	8,134	-	14,641	28,631	10,411	32,536	90,775	4,880	305,510
Legal	10,000										10,000
Travel & Meetings	20,000										20,000
Other Contracts											-
Insurance	30,000										30,000
Financial Audit	15,000										15,000
<b>Total General And Administravive Expenditures</b>	<b>162,521</b>	<b>27,981</b>	<b>8,134</b>	<b>-</b>	<b>14,641</b>	<b>28,631</b>	<b>10,411</b>	<b>32,536</b>	<b>90,775</b>	<b>4,880</b>	<b>380,510</b>
<b>Total Expenditures</b>	<b>699,660</b>	<b>199,706</b>	<b>198,054</b>	<b>148,470</b>	<b>141,497</b>	<b>652,771</b>	<b>499,309</b>	<b>4,147,216</b>	<b>7,643,882</b>	<b>37,832</b>	<b>14,368,397</b>
<b>Net Increase/(Decrease) Unexpended Funds</b>	<b>(699,660)</b>	<b>(199,706)</b>	<b>(198,054)</b>	<b>(148,470)</b>	<b>(141,497)</b>	<b>(519)</b>	<b>(499,309)</b>	<b>540,784</b>	<b>293,118</b>	<b>1,108</b>	<b>(1,052,205)</b>
<b>Total Obligated Funds Carried Over from Prior Fiscal Years</b>	600,000		200,000	148,470	137,000	1,100,000	500,000		50,000		2,735,470
<b>Projected Reserves at the Fiscal Year Ended June 30, 2017</b>	<b>(99,660)</b>	<b>(199,706)</b>	<b>1,946</b>	<b>-</b>	<b>(4,497)</b>	<b>1,099,481</b>	<b>691</b>	<b>540,784</b>	<b>343,118</b>	<b>1,108</b>	<b>1,683,265</b>



CalMHSA Contract

2016/2017 Program FTE

Department/Position	Prior Year Mid Level 15-16 FTE	Recommended 16-17 FTE	Operations	Research and Development	Tech Asst/ Capacity Building	WET program	Feasibility Study /Capitation Plan	State Hospital Bed Funding	Plumas Wellnes Center	Suicide Prevention - Regional Programs	PEI Programs	Drug Medical	Total Percentage
<i>Administrative Services</i>	2.96	4.04	1.03	0.37	0.03	-	0.23	0.75	0.04	0.55	0.98	0.06	4.04
<i>Program Services</i>	6.38	4.76	0.95	0.30	0.15	-	0.15	-	0.21	0.60	2.36	0.04	4.76
<i>Financial Services</i>	2.56	2.12	0.71	0.19	0.07	0.00	0.07	0.13	0.07	0.38	0.45	0.05	2.12
<b>Total FTE</b>	11.90	10.92	2.69	0.86	0.25	0.00	0.45	0.88	0.32	1.53	3.79	0.15	10.92

**FINANCIAL MATTERS**  
**Agenda Item 6.B.**

**SUBJECT: Application for a Business Line of Credit for CalMHSA with California Bank and Trust**

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**ACTION FOR CONSIDERATION:**

Direct Board President and staff to submit application for Business Line of Credit to California Bank and Trust as an exploratory option.

**BACKGROUND AND STATUS:**

CalMHSA is in the process of closing out the original PEI programs and programs for 2015/16 fiscal year and as a result our cash balances have decreased as projected. CalMHSA's budget will continue to be funded by the county's on a fiscal year basis, but now without cash reserves to cover late payments. Some of these collections can extend as long as six months, or further. As such, staff and Finance Committee members have briefly discussed the possibility of obtaining a business line of credit for times whereas there is a cash shortfall. An unsecured business line of credit will provide CalMHSA access to funds – if needed.

In order to discern if a business line of credit is the most appropriate option for CalMHSA and management of cash flow, it is necessary to submit an application to the bank and obtain rate, interest and payment options information. This exploratory process will allow the Finance Committee and Officers the opportunity to discern whether it is a viable option or not.

If the Finance Committee and Officers determine this to be a viable option, it will be presented at the next Board of Directors meeting for consideration and approval. Per Section 4.1.3.2, of the Bylaws reserves to the Board the following authority: "Approve indebtedness (two-thirds vote of the entire Board.)"

**FISCAL IMPACT:**

Fee for utilization of the credit line would be a competitive rate agreed to with California Bank & Trust. In addition there would be interest charged at market interest rate for the time the Line of Credit funding is used.

**RECOMMENDATION:**

Direct Board President and staff to submit application for Business Line of Credit to California Bank and Trust as an exploratory option.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors

**REFERENCE MATERIAL(S) ATTACHED:**

- None

**PROGRAM MATTERS**  
**Agenda Item 7.A.**

**SUBJECT: State Hospital Bed Program Update**

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**ACTION FOR CONSIDERATION:**

None, information only.

**BACKGROUND AND STATUS:**

June 14, 2012 – Staff proceeded with direction provided at the April 23, 2012 Strategic Planning Session, where staff was to work with CMHDA in exploring the JPA acting on behalf of member counties in the negotiations of the annual procurement contract with the state for state hospital beds.

**Memorandum of Understanding (MOU) Amendment:**

For the past three fiscal years CalMHSA, in collaboration with counties, has negotiated the terms of the MOU for procurement of state hospital beds, which has attributed to significant benefits to all counties procuring beds.

Due to the FY 14/15 & FY 15/16 MOU being finalized late in this multi-year term, DSH has recommended an Amendment to the MOU be issued that extends the term for an additional two (2) years through June 30, 2018. This extension will only affect the term of the contract as all other terms remain in effect. This extension would allow all parties a reasonable amount of time to review and modify the MOU, as deemed appropriate, for the upcoming year(s). The Committee has reviewed the draft MOU Amendment and supports.

**Alternative to State Hospital Beds:**

On August 13, 2015 CalMHSA and the State Hospital Bed Committee received approval from this board to proceed in working with **Correct Care Solutions (CCS)** on alternatives to State Hospitals.

*Southern California Efforts* – Since then, CalMHSA staff and CCS have had the opportunity to meet with Los Angeles County and currently working on setting up a Southern Counties meeting to provide background, update on current efforts, followed by Q & A.

*Northern California Efforts* – CalMHSA and CCS have performed three site visits within Fresno County and are in preliminary discussions regarding viability of some sites within Monterey County.

*Commitment* – In light of the work being done with CCS for state hospital type services, it will be necessary to have critical conversations with counties as to the level of financial commitment required in order to secure alternatives to state hospital beds. Counties are encouraged to initiate

internal/local discussions related to the need and demand, followed by the level of commitment. Staff is prepared to partake in these discussions as deemed appropriate.

**Meeting(s):**

As an outcome from the April meeting with DSH, a work group was formed consisting of Los Angeles, Orange, Napa, Riverside and Sacramento counties, CalMHSA staff and DSH staff. The purpose of the work group is to have regularly scheduled meetings that would allow for a more streamlined process for addressing county concerns and providing solutions related to bed access and the services being provided. The first meeting of the work group is scheduled for June 8, 2016 with a focus on development of goals, priorities, assignments and setting the schedule of meetings.

**Program Cost Benefit(s):**

Given the work that has been done by the committee and staff, at the direction of the CalMHSA Board of Directors in 2012, it has been projected a \$20 million cost savings to counties between FY 13/14 to date.

Contributions for the projected cost savings are as follows:

- Freezing of Rates (*approx. \$6 million cost savings*) – Acknowledging the DSH was unable to provide counties with “actual cost accounting” for each hospital, as required by statute, it was agreed the DSH would freeze the rates until such time they are able to comply with the statute. It was estimated that every year DSH would impose a 3% rate increase.
- Blended Rate (*approx. \$2 million cost savings*) - Moved from a three rate structure (Acute \$646, ICF \$617, SNF \$775), to a two rate (Acute/ICF \$626, SNF \$775 (blended rate)).
- Billing Based on Actual Usage (*approx. \$12 million cost savings*) - Moved from a commitment based billing to actual use; therefore, counties are no longer paying for beds not used.

**FISCAL IMPACT:**

None for CalMHSA, however significant for Counties.

**RECOMMENDATION:**

None, information only.

**TYPE OF VOTE REQUIRED:**

None, information only.

**REFERENCE MATERIAL(S) ATTACHED:**

- State Hospital Bed Matrix

**CalMHSa State Hospital Bed Program - Participation and Payments Received**

STATUS OF DOCUMENTS					PAYMENTS RECEIVED TO DATE												
Counties	# of Beds (based on FY 13-14 Exhibit 3)	FY 13-14 MOU	PA	Contracting Directly w/DSH	Planning and Development FY 12-13	PAID	Planning and Development FY 13-14	PAID	Prorated Operation Cost FY 13-14	PAID	Annual Operation Costs FY 14-15	PAID	Annual Operation Costs FY 15-16	PAID	Annual Operation Costs FY 16-17	PAID	TOTAL
<b>COUNTIES PROCURING BEDS</b>																	
*Alameda	21			✓					14,721.00	✓	29,442.00	✓	\$ 29,442.00	✓	\$ 29,442.00		73,605.00
Butte	1												\$ 1,402.00	✓	\$ 1,402.00		1,402.00
*Contra Costa	21	✓							14,721.00		29,442.00		\$ 29,442.00		\$ 29,442.00		
*El Dorado	1			✓					1,402.00		1,402.00		\$ 1,402.00		\$ 1,402.00		
Fresno	2	✓	✓		284.26	✓	155.00	✓	701.00	✓	1,402.00		\$ 1,402.00	✓	\$ 1,402.00		2,542.26
Humboldt	1			✓									\$ 1,402.00		\$ 1,402.00		
*Imperial	3			✓					2,103.00		4,206.00		\$ 4,206.00		\$ 4,206.00		
Kern	3		✓		2,274.08	✓	1,238.00	✓	5,608.00	✓	11,216.00	✓	\$ 11,216.00	✓	\$ 11,216.00		31,552.08
Kings	0				284.26	✓	155.00	✓	701.00	✓	1,402.00	✓	\$ 1,402.00	✓	\$ 1,402.00		3,944.26
Los Angeles	190	✓	✓		56,000.00	✓	30,496.00	✓	138,097.00	✓	269,000.00	✓	\$ 269,000.00	✓	\$ 269,000.00		493,593.00
Madera	0.25	✓	✓		284.26	✓	155.00	✓	701.00	✓	1,402.00	✓	\$ 1,402.00	✓	\$ 1,402.00		3,944.26
Marin	4	✓			1,137.04	✓	619.00	✓	2,804.00	✓	5,608.00	✓	\$ 5,608.00	✓	\$ 5,608.00		15,776.04
Modoc	1			✓									\$ 1,402.00	✓	\$ 1,402.00		1,402.00
Monterey	4				1,137.04	✓	619.00	✓	2,804.00	✓	5,608.00	✓	\$ 5,608.00	✓	\$ 5,608.00		15,776.04
Napa	4	✓	✓		852.78	✓	619.00	✓	2,103.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		11,986.78
Orange	12	✓	✓		4,832.42	✓	2,632.00	✓	11,917.00	✓	23,834.00	✓	\$ 23,834.00	✓	\$ 23,834.00		67,049.42
Placer	1	✓	✓		852.78	✓	464.00	✓	2,103.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		11,831.78
Riverside	12	✓	✓		5,400.94	✓	2,941.00	✓	13,319.00	✓	26,638.00	✓	\$ 26,638.00	✓	\$ 26,638.00		74,936.94
Sacramento	19	✓	✓		5,116.68	✓	2,786.00	✓	12,618.00	✓	25,236.00	✓	\$ 25,236.00	✓	\$ 25,236.00		70,992.68
San Bernardino	10			✓	3,409.92	✓	1,858.00	✓	8,412.00	✓	16,824.00	✓	\$ 16,824.00	✓	\$ 16,824.00		13,679.92
San Diego	12				4,548.16	✓	2,477.00	✓	11,216.00	✓	22,432.00	✓	\$ 22,432.00	✓	\$ 22,432.00		63,105.16
*San Francisco	41			✓					28,741.00	✓	57,482.00	✓	\$ 57,482.00	✓	\$ 57,482.00		143,705.00
San Joaquin	3	✓			852.78	✓	464.00	✓	2,103.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		11,831.78
San Luis Obispo	1	✓											\$ 1,402.00		\$ 1,402.00		
San Mateo	5	✓							3,505.00	✓	7,010.00	✓	\$ 7,010.00	✓	\$ 7,010.00		17,525.00
Santa Barbara	1	✓	✓	✓							1,402.00	✓	\$ 1,402.00	✓	\$ 1,402.00		2,804.00
*Santa Clara	37	✓		✓					25,937.00		51,874.00		\$ 51,874.00		\$ 51,874.00		
Santa Cruz	1	✓			284.26	✓	155.00	✓	935.00	✓	1,402.00	✓	\$ 1,402.00	✓	\$ 1,402.00		4,178.26
Solano	3	✓			852.78	✓	464.00	✓	2,103.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		11,831.78
*Sonoma	1			✓					701.00	✓	1,402.00	✓	\$ 1,402.00	✓	\$ 1,402.00		3,505.00
Stanislaus	3	✓			852.78	✓	464.00	✓	2,103.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		11,831.78
Tulare	3	✓			1,705.50	✓	929.00	✓	4,206.00	✓	4,206.00	✓	\$ 4,206.00	✓	\$ 4,206.00		15,252.50
*Ventura	1	✓		✓					701.00		1,402.00		\$ 1,402.00		\$ 1,402.00		
Yolo	1	✓		✓									\$ 1,402.00		\$ 1,402.00		
<b>TOTAL</b>					<b>90,962.72</b>		<b>49,690.00</b>		<b>317,086.00</b>		<b>622,304.00</b>		<b>\$ 629,314.00</b>		<b>\$ 629,314.00</b>		
<b>COLLECTED</b>					<b>90,962.72</b>		<b>49,690.00</b>		<b>272,222.00</b>		<b>515,752.00</b>		<b>\$ 250,958.00</b>		<b>\$ -</b>		<b>1,179,584.72</b>
<b>BALANCE TO BE COLLECTED</b>					<b>0.00</b>		<b>0.00</b>		<b>44,864.00</b>		<b>106,552.00</b>		<b>\$ 378,356.00</b>		<b>\$ 629,314.00</b>		<b>1,159,086.00</b>
<b>COUNTIES NOT CURRENTLY PROCURING BEDS</b>																	

Alpine																			
Amador																			
Calaveras																			
City of Berkely																			
Colusa																			
Del Norte																			
Glenn																			
Inyo			✓																
Lake						OPT OUT		OPT OUT											
Lassen																			
Mariposa																			
Mendocino						284.26	✓	155.00	✓	OPT OUT		OPT OUT		OPT OUT		OPT OUT			439.26
Merced																			
Mono																			
Nevada																			
Plumas																			
San Benito																			
Shasta			✓																
Sierra																			
Siskiyou																			
Sutter/Yuba																			
Tehama																			
Tri-City																			
Trinity																			
Tuolumne			✓																

**NOTE:** \* Although these counties initially opted not to participate in the SHB Program, they have benefited from the negotiations to date. That said, these counties have yet to be invoiced for FY 13-14, FY 14-15 or FY 15-16, but staff expects to do so within the next 15 days.

**PROGRAM MATTERS**  
**Agenda Item 7.B.**

**SUBJECT: Update on Phase II Statewide PEI Programs**

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**ACTION FOR CONSIDERATION:**

None, information only.

**BACKGROUND AND STATUS:**

***1. Statewide Prevention & Early Intervention Programs***

The goal of the Phase 2 implementation of Statewide PEI Programs is to disseminate and support the use of tools and resources developed under the *Each Mind Matters* umbrella to effectively reach California and its diverse communities. Phase 2 consists of two components: 1) Social Marketing & Information Resources and Networks and Collaborations; and 2) Policy & Procedures

**A. Status of reach:**

The Phase 2 Program Partners have successfully begun implementing their respective programs that will achieve the goals of broader reach and dissemination of the materials developed in the original implementation of PEI to target populations throughout each county. Program Partners are required to submit data on a semi-annual basis to CalMHSA, which CalMHSA uses for quality improvement as well as to communicate to counties about the impact of Statewide PEI Programs on local communities. Below are some initial findings of dissemination and reach of target audiences based on activities implemented between July – December 2015:

- Program Partners disseminated materials to counties over 500 times during the reporting period and 56 out of the 58 counties in California have, on at least one occasion, received materials. Los Angeles, Orange, Riverside, Sacramento and San Francisco have had 16 or more opportunities to receive materials
- 34 out of the 58 counties in California have received some form of technical assistance from the Program Partners including one-on-one technical assistance, meetings, trainings or presentations or participation in local events. In total, over 500 such activities were implemented during the reporting period. Fresno, Los Angeles, Orange, Riverside, San Diego, San Francisco and Santa Clara have had 16 or more technical assistance opportunities.
- In total 57 of the 58 counties were touched by either dissemination or technical assistance.

- Over 100,000 pieces of material have been disseminated, with Know the Signs materials, Each Mind Matters promotional items and Active Minds materials constituting over 60% of the materials disseminated
- Dissemination and outreach to high schools, colleges & universities was most prominent during this time period

If counties are interested in getting updates on Phase 2 local impact within their county, please contact Theresa Ly ([Theresa.ly@calmhsa.org](mailto:Theresa.ly@calmhsa.org))

## B. Program activity highlights:

### *Program 1: Social Marketing & Information Resources and Networks and Collaborations*

The **Directing Change** culmination ceremony was held in Los Angeles County (in the city of Glendale) on Friday, May 20<sup>th</sup>. Over 400 videos were submitted by over 1,100 youth and young adults from 91 high schools, and 35 community college campuses, universities and organizations from across the state, representing 31 counties. Information about contest winners, as well as a listing of all videos developed within each county can be found at [www.directingchange.org](http://www.directingchange.org). An in-depth evaluation of the Directing Change program is forthcoming; however, previous evaluations have found that the majority of students who participated in Directing Change demonstrated an increased understanding of the importance of standing up for someone with a mental illness, and were more aware of what to do if they were concerned for a friend.

The **Walk In Our Shoes** school tour is complete as of April 29<sup>th</sup>, 2016. The tour reached 80 schools across 24 counties, reaching approximately 23,700 students. In addition, the tour had successful media coverage, which potentially reached over 375,900 individuals within the Walk In Our Shoes program and message. Evaluations of the Walk In Our Shoes performance found that more than half of teachers and administrators who saw the performance started a conversation about mental health in the classroom.

The **Kognito Suicide Prevention Online Training**, implemented as part of the contract with the **Foundation of California Community Colleges** has trained over 11,000 faculty, staff and students within over 100 community college campuses since the start of Phase 2. Cumulatively, since the Kognito trainings were made available in 2012 as part of the original implementation of Student Mental Health Initiative, over 47,000 individuals have been trained. Evaluations of the Kognito training have found that those who completed the training reported increased number of peers who they referred to mental health services.

The **Each Mind Matters Campaign** had a strong presence throughout May, for Mental Health Month. All counties received hardcopies of the **May is Mental Health Matters**



**Month Toolkits** providing a framework for implementing local Each Mind Matters events. Many more toolkits were downloaded from the Each Mind Matters website, including 31,000 lime green ribbon for local dissemination. In addition, 28 high schools, community colleges, CSU and UC schools were provided mini-grants to hold Each Mind Matters events on their campuses throughout May.

In Fall 2015, **Active Minds** implemented nine **Send Silence Packing** displays, in seven California counties. Altogether, these displays reached over 13,570 students to open a conversation about suicide and suicide prevention. Evaluations of the Send Silence Packing tour has revealed that individuals leave the display wanting to learn more about mental health. The vast majority of visitors tell at least 3 people about the display and many reach out to a friend in need or seek help for themselves as a result of seeking the program.

**NAMI California** will be implementing their **Mental Health 101** trainings across California in Fiscal Year 2016/2017. These trainings will engage and educate diverse communities on the topic of mental health in a culturally-appropriate manner, while disseminating Each Mind Matters resources.

#### *Program 2: Policy & Procedures*

Altogether, program partners implementing Program 2 have supported key activities to inform mental health-related policy action including:

- Convening the Student Mental Health Policy Workgroup (California Department of Education)
- Sustaining collaboration between counties and county school superintendents (California County Superintendents Educational Services Association)
- Supporting partnerships and policies for the integration between mental health, substance use and primary care services (Integrated Behavioral Health Project)
- Supporting the effective implementation of California and federal mental health and substance use parity requirements (Disability Rights California)

#### **C. Statewide PEI Program Evaluation updates:**

The RAND Corporation recently released **three new evaluation documents** that validate the effectiveness of statewide PEI programs, and provide direction to CalMHSA on how to invest resources for continued implementation of these programs.

RAND has compiled an **evaluation summary of Statewide PEI Programs**<sup>1</sup> to date. Key findings include:

- Successful implementation of statewide PEI programs focused on reducing stigma and discrimination, preventing suicide and improving student mental health
- Programs have successfully reached its short term outcomes
- Continued dissemination and support of programs will be required to sustain short-term gains and to observe longer-term impacts of improved mental health and quality of life

The **Stigma and Discrimination Reduction Return on Investment Analysis**<sup>2</sup> found that

- CalMHSA's statewide campaign to reduce stigma and discrimination is associated with *more adults using behavioral health services*
- The resulting *increased productivity and employment* have substantial *economic benefits* in the long term

An analysis of the **California Well Being Survey**<sup>3</sup> revealed how stigma is still a major barrier to seeking care among Asian/Pacific Islander and Latino communities. More specifically:

- Asian Americans reported higher levels of self-stigma and were less hopeful that individuals who mental health problems could be contributing members of society
- Latinos experience higher levels of self-stigma and were more likely to indicate that they would conceal a potential mental health problem from coworkers or classmates

#### **D. Statewide PEI Program efforts in the news**

In a recent report from the **National Academy of Sciences**<sup>4</sup> entitled *Ending Discrimination against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*, cited the Statewide PEI programs as a “notable state-based initiative... to reduce mental health stigma and encourage treatment...” It also cites the RAND evaluation findings that demonstrate the effectiveness of the Statewide PEI Programs, including a decrease in social distance. California is the only statewide initiative cited in this report, and is presented alongside other notable national-level campaigns from Australia (beyondblue), Canada (Opening Minds), and England (Time to Change). This report provides recommendations

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<sup>1</sup> [http://www.rand.org/pubs/research\\_briefs/RB9917.html](http://www.rand.org/pubs/research_briefs/RB9917.html)

<sup>2</sup> [http://www.rand.org/pubs/research\\_reports/RR1491.html](http://www.rand.org/pubs/research_reports/RR1491.html)

<sup>3</sup> [http://www.rand.org/pubs/research\\_reports/RR1441.html](http://www.rand.org/pubs/research_reports/RR1441.html)

<sup>4</sup> <http://www.nap.edu/catalog/23442/ending-discrimination-against-people-with-mental-and-substance-use-disorders>

for effective strategies for reducing stigma and encouraging people to seek treatment and other supportive services, and offers a set of conclusions and recommendations about successful stigma change strategies and the research needed to inform and evaluate these efforts in the United States.

The **Directing Change** program was featured on [www.today.com](http://www.today.com)<sup>5</sup>, a program of NBC News. The article describes some of the videos made for the program and student filmmakers perspectives on what they've learned as a result of making their videos.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None, information only

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors

**REFERENCE MATERIAL(S) ATTACHED:**

- RAND Report: On the Road to Mental Health: Highlights from Evaluation of California's Statewide Mental Health Prevention and Early Intervention Initiatives

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<sup>5</sup> <http://www.today.com/health/students-create-powerful-videos-about-suicide-prevention-it-could-save-t94366>



# On the Road to Mental Health

## Highlights from Evaluations of California’s Statewide Mental Health Prevention and Early Intervention Initiatives

The California Mental Health Services Authority (CalMHSA)—a coalition of nearly all of California’s counties—has implemented an ambitious, first-of-its-kind set of statewide prevention and early intervention (PEI) initiatives with the broad goals of reducing mental illness stigma and discrimination, preventing suicide, and improving student mental health. The initiatives took a public health, population-based approach to developing and implementing many PEI resources and programs, beginning in 2011. This implementation was guided by a comprehensive strategic plan informed by evidence regarding the effectiveness of PEI approaches and carefully developed through a process that involved diverse stakeholders. The CalMHSA PEI initiatives were funded by Proposition 63, the Mental Health Services Act.

CalMHSA selected the RAND Corporation to conduct an independent evaluation of the PEI initiatives. This brief reviews RAND’s key evaluation findings. Overall, results show that many program components were successfully implemented and achieved their intended impacts in the short term. Continued dissemination and support of effective programs will be required to sustain short-term gains and to observe longer-term impacts on the mental health, quality of life, and productivity of Californians.

### Social Marketing Campaigns Were Associated with Reduced Mental Illness Stigma and Increased Confidence to Intervene

CalMHSA implemented two campaigns: “Each Mind Matters” is a stigma-reduction social marketing campaign that includes branded promotional items (ribbons, bracelets, etc.) that aim to get Californians talking about mental illness; documentary screenings; the EachMindMatters.org website, which provides stigma-reduction resources; the ReachOut.com online forum, which provides support for teens and young adults; and theatrical productions for youth. “Know the Signs” is a mass media suicide-prevention effort that uses billboards and advertisements to encourage people to visit the campaign website ([www.suicideispreventable.org](http://www.suicideispreventable.org)) to learn about suicide warning signs and resources.

### Key findings:

- California has implemented an ambitious set of statewide prevention and early intervention initiatives focused on reducing mental illness stigma and discrimination, preventing suicide, and improving student mental health.
- Programs were successfully implemented and had positive short-term outcomes.
- Continued dissemination and support of programs will be required to sustain short-term gains and to observe longer-term impacts on Californians’ mental health and quality of life.

- “Each Mind Matters” and other stigma-reduction campaign activities targeted at adults reached 45 percent of California adults in 2013 or 2014, and reach is growing. Over the two years evaluated, more Californians said that they were willing to socialize with, live next door to, or work closely with people experiencing mental illness, and those experiencing mental illness symptoms were more likely to receive treatment.
- “Know the Signs” reached 56 percent of adults in California. Those who were exposed to the campaign reported being more confident in intervening with those at risk of suicide. An expert panel found that the campaign is aligned with best practices and holds it in high regard.

### Trainings Increased Knowledge and Improved Attitudes Toward Mental Illness

Training efforts targeted many different kinds of audiences, such as community members; K–12 and higher-education students, parents, and educational staff; health care providers; and other “gatekeepers” who interact with those with mental illness. Goals included providing social contact with people with mental illness to reduce stigma and providing knowledge, such as skills needed to intervene with those

with mental health needs. For instance, one program trained individuals to deliver Applied Suicide Intervention Skills Training (ASIST), who in turn trained gatekeepers—those whose jobs may put them in a position to interact with people at risk for suicide—in how to recognize and help those at risk. RAND observed some ASIST training sessions and found that new trainers demonstrated high fidelity to the prescribed training. Tens of thousands of trainings were conducted, with positive results, including the following:

- Participants in educational training programs conducted by the National Alliance on Mental Illness reported immediate improvements in knowledge about mental health and attitudes toward people with mental health challenges, including greater willingness to socialize with, live next door to, and work closely with individuals with mental illness.
- Other training programs aimed at reducing stigma and discrimination, such as those carried out by Mental Health America of California and Disability Rights California, similarly influenced a variety of stigma-related attitudes, beliefs, and intentions among attendees.
- Attendees at educational trainings for faculty, students, and staff at the K–12 and higher-education levels reported improvements in their confidence to refer and intervene with students who appeared to be emotionally distressed.

### **Hotlines Provided Support to Those at Risk for Suicide**

CalMHSA invested in 12 suicide-prevention hotlines to support improvements in their reach and capacity. For example:

- One suicide-prevention hotline was created; one was rebranded to accept calls from a larger geographic region; three “warmlines” services for noncrisis calls were created or expanded; and chat or text crisis support was created or expanded by three crisis centers.
- Live monitoring of 241 calls made to ten suicide-prevention hotlines showed that those answering the calls exhibited predominantly positive behaviors with callers and that 43 percent of callers experienced reductions in distress, as measured by an objective rater, over the course of the calls (the remainder did not experience any change or were not in distress at the beginning of the call).

### **PEI Programs Had a Positive Return on Investment**

The evidence suggests that some PEI programming not only pays for itself but also yields money back to the state, when future economic benefits are projected.

- The training of ASIST trainers was projected to prevent suicide attempts and deaths and return money to the state through averted Medi-Cal health care costs and increased state income tax revenue.

- Distressed individuals who were exposed to the “Each Mind Matters” campaign were more likely to seek treatment, which should produce a positive return on investment for the state in terms of higher productivity and employment.
- PEI programs in California’s public universities and colleges are projected to increase engagement in mental health treatment and thus increase graduation rates, in turn leading to higher lifetime earnings and a high return on investment to the state.

### **Evaluation Findings Enhanced Understanding of California’s Mental Health PEI Needs and Priorities for Ongoing Intervention**

Although CalMHSA’s programs have made a great deal of progress thus far, there is an ongoing need for mental health PEI efforts in California. RAND’s evaluation identified areas in which continued, targeted efforts are needed:

- Mental illness stigma and discrimination remain widespread. Among those who have recently experienced symptoms of mental illness, more than two-thirds would definitely or probably hide a mental health problem from coworkers or classmates, and more than one-third would hide it from family or friends. Nine out of ten of those who reported a mental health problem in the past year reported experiencing discrimination as a result.
- Asian American adults reported relatively high levels of stigmatizing attitudes toward individuals with mental illness and low rates of mental health treatment.
- Latinos were also in relatively high need of efforts to reduce mental illness stigma. In particular, Latinos with mental illness who primarily speak Spanish need encouragement to get into treatment.
- Young adults hold some of the least-stigmatizing attitudes toward mental illness and are more likely to know someone with mental illness, but they are less likely to feel that they know how to help, suggesting the importance of programming that educates this group about how to be supportive and how to connect people to the resources that they need.
- The highest suicide rates are in California’s rural counties in the northern region, but the burden, measured by the number of lives lost to suicide, is highest in the more-populous southern counties, suggesting that suicide prevention approaches need to focus on the entire state.
- One out of five higher-education students reported probable serious psychological distress, and high numbers of students reported impairment in academic performance associated with anxiety or depression. However, four out of ten higher-education faculty and staff did not know how to help connect distressed students to the services that they needed.

- On campuses that are perceived to be supportive of mental health issues, rather than stigmatizing, students were over 20 percent more likely to receive treatment.

### **Summary and Considerations for the Future**

RAND's evaluation of CalMHSA's statewide PEI initiatives to date shows that extensive programmatic capacities and resources were successfully developed and rolled out. Implementation included dissemination of two major social marketing campaigns, numerous trainings throughout the state, distribution of extensive online and print materials, and regionally tailored improvements in hotline capacity.

The evaluation examined short-term impacts of key program activities and generally found that individuals reached by programs showed changes in attitudes, knowledge, or behavior consistent with the intent of the program. Furthermore, the reach to target audiences was impressive, given the relatively short period over which the programs were developed and implemented. For some program activities, RAND used evaluation findings and prior literature to project future societal benefits and costs; these simulations suggest a positive return on California's investment in the PEI programs, even under conservative assumptions.

Statewide PEI programs provide an important opportunity for California to move toward a comprehensive population-based public health approach to mental health, as recommended by the Centers for Disease Control and

Prevention and the President's New Freedom Commission on Mental Health. To inform planning and improve PEI programs over time, ongoing population surveillance and performance monitoring are essential. Public health literature and experience suggest that coordinated and sustained PEI efforts over several decades are often required to substantially effect changes in public knowledge, attitudes, and behavior and create shifts in social norms and institutions that improve health (e.g., regarding HIV/AIDS, cigarette smoking, and mental illness stigma).

The CalMHSA statewide PEI initiatives represent a first step toward a strategic and effective public health approach to mental health in California. RAND's evaluations of these initiatives so far has found that many programs show promise toward achieving the initiatives' broader goals, and the evaluations have highlighted several important targets for outreach and education in California's diverse communities. However, RAND evaluators suggest that California's progress toward broader goals—including reducing suicide, improving early receipt of needed services, reducing discrimination, and avoiding some of the negative social and economic consequences associated with mental illness—will require a long-term commitment to a coordinated PEI strategy that is continuously informed by population needs, evidence regarding promising and best practices, and indicators of program performance and quality.

## RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at [www.rand.org/health](http://www.rand.org/health).

## CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and early intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

## About RAND

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This brief describes work done in RAND Health. To view this brief online, visit [www.rand.org/t/RB9917](http://www.rand.org/t/RB9917). This research brief highlights findings from a number of previously published RAND reports. We list here the documents' publication numbers and years of publication: RB-9737-CMHSA (2014), RB-9904-CMHSA (2016), RR-438/1-CMHSA (2014), RR-438/4-CMHSA (2014), RR-684-CMHSA (2014), RR-685-CMHSA (2014), RR-686-CMHSA (2014), RR-755-CMHSA (2014), RR-818-CMHSA (2014), RR-819-CMHSA (2014), RR-953-CMHSA (2015), RR-954-CMHSA (2015), RR-1073-CMHSA (2015), RR-1074-CMHSA (2015), RR-1115-CMHSA (2015), RR-1134-CMHSA (2015), RR-1139-CMHSA (2015), RR-1240-CMHSA (2015), RR-1247/1-CMHSA (2015), RR-1370-CMHSA (2015), RR-1441-CMHSA (2016), and RR-1491-CMHSA (2016). Complete citation information is available at <http://www.rand.org/health/projects/calmhsa/publications.html>. In addition, this brief references a forthcoming publication: Rajeev Ramchand, Lisa H. Jaycox, Patricia Ebener, Mary Lou Gilbert, Dionne Barnes-Proby, and Prodyumna Goutam, "Characteristics and Proximal Outcomes of Calls Made to Suicide Crisis Hotlines in California: Variability Across Centers," *Crisis: The Journal of Crisis Intervention and Suicide Prevention* (in press).

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**GENERAL DISCUSSION**  
**Agenda Item 8.A.**

**SUBJECT:** Report from CalMHSA Executive Director – Wayne Clark

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**ACTION FOR CONSIDERATION:**

Discussion and/or action as deemed appropriate.

**BACKGROUND AND STATUS:**

CalMHSA Executive Director, Wayne Clark, will be presenting a State of the Authority.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Discussion and/or action as deemed appropriate.

**TYPE OF VOTE REQUIRED:**

Majority vote of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- None.